

**CROSSROADS EARLY LEARNING CENTER
QUESTIONNAIRE**

Child's Name: _____ Date of Birth: _____ Start Date: _____

Allergies: Yes No

Schedule: M T W Th Fr

MARKETING INFORMATION:

How did you find out about Crossroads?_

- Newspaper Name _____ Magazine Name _____
 Driving by Yellow Pages Yellow Book Word of mouth Googled
 Name of Mailer _____ Other Internet _____

INFORMATION ABOUT YOUR FAMILY:

Are parents: together separated divorced widowed?
Is there a court order? _____ Does the child have step-parents? _____
Is the child adopted? _____ When? _____

Other Children In Family:

Name _____ Sex _____ Age _____
Name _____ Sex _____ Age _____
Name _____ Sex _____ Age _____

Church Affiliation:

Religious affiliation _____
Does your child attend church? Yes No Where? _____
Average monthly attendance? _____

INFORMATION ABOUT YOUR CHILD:

Pets and their Names _____

Favorite Toys _____

Favorite Play Activities _____

Describe your child's eating habits and food preferences

Describe your child's sleep habits. How does he/she act when tired?

Is your child toilet trained? Yes No Comments?

Does your child have any particular routines or special words about toileting?

How does your child interact with other children?

How does your child react when you leave him/her? What do you find is the best thing to say or do at these times?

Has your child ever attended a nursery, child care or family provider program? Where and for how long?

Why did you leave this program?

Does your child have any fears?

How is your child disciplined at home?

How would you describe your child's personality?

How does your child most easily adjust to new situations and experiences?

How does your child show he/she is unhappy, frightened, upset or in need of comforting?

How long do you think your child will stay with an activity, such as story time or block play, etc.?

Any other comments?
