



Tiny Tots Questionnaire

**** Allergies ****
Parents, please complete:
 No Known Allergies
 Yes, _____

Dear Tiny Tots Parent,

Please complete and return this questionnaire **by Wednesday, Aug. 18th** so that we can get to know your child better before classes begin! Thank you!

Child's First and Last Name _____ Nickname _____ Sex M F DOB _____
Street, Town, and Zip _____

Yes, I filled in the Allergy Box above!

Mother's First/ Last Name _____ Occupation _____ Company Name _____

Father's First/ Last Name _____ Occupation _____ Company Name _____

Does your child live with: Both Parents One Parent Other Whom? _____

Sibling Name(s)	Sibling DOB(s)
_____	_____
_____	_____
_____	_____

In addition to parent(s), with which adult does child spend the most time? _____

If both parents work outside the home, who cares for the child? Name _____ Relationship _____

Who will be bringing the child to/from school? To _____ From _____

Does your child understand and/or speak another language(s)? No Yes Language _____

Does your child know any of the child(ren) at the preschool? If so, please name _____

Family's religious affiliation? _____ Church Name _____ Church Town/City _____

Which religious holidays are celebrated in your home? _____

SPECIAL SERVICES INFORMATION

It is important for us as educator to know if your child has previously received, is currently receiving, or your family intends to look into possible services for your child's development and well-being. If you have any concerns prior to the start of Preschool regarding your child, we can provide your family with information to assist you. Please check below as appropriate :

 My child has not received services.

 My child is currently receiving services for the following _____

If so, does your child have a SEIT/Agency? _____

 Our family is currently looking into or would like to look into possible services for our child for the following _____

 At this time, our family is not concerned with our child's development and well-being.

PREVIOUS SCHOOL EXPERIENCES

Has your child attended or attends another preschool, day care center / private home, or any special group? No Yes

Name _____ Dates: From _____ To _____

PLAY INFORMATION

Type of play enjoyed most _____

Favorite toys _____

Amount of time per day that you read to your child? _____ Amount of time per day that you spend outside in play? _____
Amount of time per day your child spends in front of a screen including home and car (TV, Video Games, Ipads, etc...)? _____
What TV/You Tube show do you put on for your child, if you choose this activity? _____
Who does your child usually play with? (alone, one/many friends, younger/older/same age children, siblings/cousins. adults) _____

PHYSICAL BACKGROUND AND DEVELOPMENT

Does your child have any allergies to food, medication, environment? Please indicate if the reaction is **MILD** or **SEVERE** and describe specific symptoms your child experiences when suffering an allergy attack. _____

List any important health information (physical disabilities, chronic/debilitating illness (diabetes, asthma, etc.) activity limitations, etc.) _____

Is your child beginning to speak / say words? If so, please describe _____

Do you detect any hearing difficulties in your child? If yes, please explain _____

Is your child showing an interest in toilet training? _____

Serious illnesses, operations, accidents or hospital experiences? Dates _____

Do you have any concerns about your child's health/development? If yes, please explain: _____

What fears, if any, does your child have? _____

How do you discipline your child? _____

How does your child react to controls and correction? _____

Who does most of the disciplining? _____

Any situations at home that we should know about? (e.g. illness, death, marital stress, loss of job, new house, pregnancy, birth, etc.) _____

SEPARATION

Has your child been separated from you and your spouse for a few hours? ____ Full Day? ____ Full Night? ____

Describe how your child felt during these time frames while being separated from you _____

Describe how you and your spouse felt during these time frames while being separated from your child _____

How do you think your child will adjust to the Tiny Tots Program? _____

How do you think you will adjust to the Tiny Tots Program? _____

What do you hope your child will learn and experience this year? _____

If you have any other information or comments, please feel free to add it here: _____

Parent's Signature

Date

Thank You! We look forward to seeing you soon!