

 Trinity Lutheran Child Learning Center  
**PARENT QUESTIONNAIRE 2018-2019**



Child's Name: \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_ M F

Parent's name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Estimated Drop-off Time: \_\_\_\_\_ Estimated Pick-up Time: \_\_\_\_\_

Siblings' names and ages: \_\_\_\_\_  
\_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_ Other? \_\_\_\_\_

Comments \_\_\_\_\_

Is your child toilet trained? Please check: Completely Working on it Not at all Comments \_\_\_\_\_

Has your child been in a day care or home day care before coming to Trinity? Yes No

Church Affiliation: \_\_\_\_\_

Is your child baptized? Yes No Date of Baptism \_\_\_\_\_

Please describe your child's religious experiences (Church, Sunday School, Vacation Bible School, etc.) \_\_\_\_\_  
\_\_\_\_\_

How does he/she react in group settings?  
\_\_\_\_\_  
\_\_\_\_\_

My child enjoys playing  
alone  
along side others  
cooperatively with others

Previous peer group experiences for my child include (Playgroup, Sunday School, daycare, preschool, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

School your child will attend for Kindergarten \_\_\_\_\_

My child's personality is best described as \_\_\_\_\_

Favorite toys and activities are \_\_\_\_\_

Food my child likes \_\_\_\_\_

dislikes \_\_\_\_\_

My child is afraid of \_\_\_\_\_

Illnesses my child has had

My child sleeps \_\_\_\_\_ hours at night and naps approximately \_\_\_\_\_ hours in the afternoon.

Is there anything we should know about your child's napping habits? \_\_\_\_\_

The method of discipline used most successfully with my child is \_\_\_\_\_

I want my child to gain...

\_\_\_\_\_ this year at TLCLC.

Please use the following space to write anything you think we should know about your child that would help be relevant to their care.