

 **Trinity Lutheran Child Learning Center**
PARENT QUESTIONNAIRE 2019-2020



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.
