

Dear Parents:

Your child's **Infant/Toddler Classroom Teacher** would like to get to know him/her better. Please fill out this form and return it to **WMCC** as soon as possible. Any information you provide will be confidential and used only by your child's Teacher to help plan developmentally appropriate learning experiences. Thank you for your assistance.

Child's Name: _____ Nickname: _____

Person Filling Out This Form: _____ Relationship to Child: _____

Child's Address: _____

Date of Birth: _____ Place of Birth: _____

Does your child live with: Both Parents One Parent Other Adults

Please Explain: _____

Names and ages of brothers and sisters: _____

Pets (name and type of animal): _____

If still using a bottle, does your child prefer it: warm cold

Current feeding schedule: _____

Does your child use a cup? yes not yet

Is your child eating finger foods? yes not yet

If yes, please tell us what he/she likes to eat: _____

Does your child use a spoon or fork to eat? yes not yet

If yes, please explain: _____

Does your child have any allergies? _____

Is your child potty trained or learning to use the potty? Please explain: _____

In what ways do you think your child is different from others: _____

What are your child's favorite play activities and interests? _____

-OVER-

(Parent Questionnaire continued)

What are your child's favorite TV programs? _____

How many hours per day does your child watch TV? _____

Does your child usually play: ___ alone ___ with one friend ___ with many children
___ with a few children ___ with younger children ___ with children the same age

Does your child nap? ___ yes no ___

If yes, please tell us what time of day and for how long he or she sleeps: _____

What does your child enjoy doing with the family? _____

How does your child get along with other children? _____

How does your child get along with adults? _____

What are your three most important rules for your child? _____

What is your biggest discipline problem? _____

How do you discipline your child? _____

How do you think your child will adjust to preschool? _____

What fears does your child have? ___ animals ___ dark ___ storms ___ strangers

Other: _____

Does your child have any nervous habits? _____

How does your child feel about going to preschool? _____

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

Parent Signature _____ Date _____