



**CROSSROADS EARLY LEARNING CENTER
QUESTIONNAIRE**

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

Allergies: _____ Schedule: M T W Th Fr

MARKETING INFORMATION:

How did you find out about Crossroads?

- Driving by Word of mouth Googled
 Name of Mailer _____ Other Internet Means _____
 Other _____

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 _____

Church Affiliation:

Religious denomination? _____

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? _____

