



BROCK CHRISTIAN LEARNING CENTER
CHILD QUESTIONNAIRE



CHILD NAME: _____

DOB: _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

HEALTH

DOES YOUR CHILD HAVE ANY ALLERGIES? YES NO

IF SO, WHAT ALLERGIES DOES YOUR CHILD HAVE? _____

HOW SHOULD WE RESPOND IF HE/SHE HAS AN ALLERGIC REACTION? _____

IS THERE AN EMERGENCY ALLERGY PLAN ON FILE IN THE OFFICE FOR YOUR CHILD? YES NO

TOILETING

IS YOUR CHILD IN DIAPER/PULLUPS? YES NO

IS YOUR CHILD TOILET TRAINED? YES NO

IF NO, WHAT ARE YOUR IDEAS ABOUT TOILET TRAINING? _____

HOW CAN WE BEST HELP? _____

BEHAVIOR

DOES YOUR CHILD HAVE ANY SPECIAL FEARS? YES NO (IF YES, EXPLAIN:) _____

HOW DOES YOUR CHILD COMMUNICATE HIS/HER NEEDS? _____

HOW DO YOU TELL YOUR CHILD TO STOP A BEHAVIOR THAT YOU DON'T APPROVE OF OR THAT MIGHT BE DANGEROUS? _____

WHEN YOUR CHILD GETS UPSET, WHAT HELPS HIM/HE CALM DOWN? _____

WHAT IS A GOOD WAY TO DISTRACT YOUR CHILD WHEN HE/SHE IS HAVING A TEMPER TANTRUM? _____

ARE THERE ANY ROUTINES THAT ARE PARTICULARLY HELPFUL AT NAP TIME? _____

WHAT POSITION IS MOST COMFORTABLE FOR YOUR CHILD WHEN HE/SHE IS NAPPING? _____

DOES YOUR CHILD HAVE A COMFORT ITEM? (PACI, BLANKET, ANIMAL, ETC...) YES NO (IF YES, EXPLAIN:) _____

DIETARY PREFERENCES

WHAT ARE YOUR CHILD'S FAVORITE FOODS? _____

DOES YOUR CHILD USE UTENSILS, EAT WITH THEIR FINGERS, FEED THEIR SELF? _____

DOES YOUR CHILD CHOKE EASILY WHILE EATING? YES NO

ACTIVITIES

WHAT ACTIVITIES DO YOU LIKE TO DO WITH YOUR CHILD? _____

WHAT ACTIVITIES DOES YOUR CHILD LIKE TO DO WHEN PLAYING WITH OTHER CHILDREN? _____

WHAT DOES YOUR CHILD LIKE TO DO WHEN HE IS PLAYING ALONE? _____

FAMILY HISTORY

TELL ME ABOUT YOUR FAMILY (I.E. CHILD'S PARENTS, SIBLINGS, GRANDPARENTS, AND OTHER EXTENDED FAMILY) _____

ADDITIONAL COMMENTS (WHAT ELSE SHOULD WE KNOW ABOUT YOUR CHILD?)