



Family Enrollment Questionnaire

Child's Name: _____ DOB: _____

Nickname: _____

Parent's Names: _____

Sibling's Names and Ages: _____

Teachers will use the following information to provide an experience for your child that best meets your needs. All questions are designed to help us get to know your family and bridge the gap between school and home. Completing this form is optional but we encourage you to share this information with your classroom teacher.

Who lives with your child? (parents/guardians, siblings, extended family, etc.)

What language is spoken at home: _____

If other than English, what types of things can we do at school to help the child feel comfortable in an English speaking environment _____

Do you have any special family traditions that you would like your child to share at school? _____

Do you have any pets? If so, what kind and what are their names?

Special activities our family enjoys doing together are:

People who are special to my child are: _____

Special books that we read together are: _____

Special songs that we like to sing or listen to are: _____

Our family celebrates: _____

Has your child been to daycare or school before? _____

Does your child nap at home? _____ How does your child fall asleep best? (Ex. Rub back, rocked, etc.)

Is there an item that your child needs to comfort them during nap?

What types of strategies do you use at home to guide your child's behavior? _____

What are your goals for your child while at our center? _____

Please tell us anymore information you feel will help us better care for your child (i.e. phrases your child uses at home, meal times, sleep patterns etc.) :

