

Zaca Center Preschool

Family Questionnaire

Please help our staff better serve your child and your family by taking a few minutes to fill out this questionnaire. Answer the questions as completely as possible and know that answering each question is optional. This information is strictly confidential and will be made available to the teaching staff and the director of the center only. We want to thank you in advance for taking the time to give us this valuable information.

Child's name: _____

Nickname: _____

Birth date: _____

Place of birth: _____



Child's Information

1. Name a few activities that your child particularly enjoys: _____

2. Does your child prefer to play alone or with other playmates? _____
3. How does your child handle separation from you? _____

4. If your child has separation issues, how can the staff be of help to you? _____

5. If your child is crying when you drop him or her off at preschool, and they continue to cry, would you like us to contact you by phone? _____ In 10 or 15 minutes? _____ In one hour? _____ Or when you come to pick your child up? _____ Other? _____

Family Information

1. List all the people living in your home; include names, ages and relationship to the child: _____

2. What languages are spoken in the home? _____
3. Parent or guardian's present occupation? _____

Child's Needs

1. Was your child premature or face health difficulties when they were born? If so, what were they? _____

2. Does your child have any behaviors that we should be aware of? Ex: biting, thumb sucking, tantrums, etc... _____

3. Does your child have any allergies, speech or hearing challenges or any other special need or condition that we should be aware of? _____

4. What type of soothing techniques works best with your child when he or she is tired, upset, hurt or just needs some comforting? _____

5. Is your child going through any type of stress that we should be aware of? New house? New sibling? Death in the family? Divorce? Loss of Pet? Other? _____

Napping

1. Does your child regularly take a nap at home? If so, what time of day and how long _____
2. Does your child have a special blanket, stuffed animal, pacifier, etc... that he or she needs in order to rest? If so, does the item have a special name? _____

3. Does your child sleep in a bed or a crib? _____
4. Does your child sleep alone, with you or another family member? _____

Eating

1. What are some of your child's favorite foods for snack and lunch? _____

2. Are there any foods your child dislikes? _____

3. Does your child drink from a bottle, sipper cup or regular cup? _____
4. Any food allergies that we should be aware of? _____

5. Is your child a picky eater or have other eating problems that we should be aware of? _____

Toileting

1. Is your child potty trained? _____
2. Does he or she need assistance using the bathroom? If so, what type of assistance? _____

Outside

1. Is your child accustomed to playing in the sand? _____ In the water? _____
2. How do you feel about your child getting messy? _____

Holidays/Celebrations

1. Do you celebrate your child's birthday? _____
2. What holidays or traditions does your family celebrate? _____

3. Do you have any concerns about your child participating in celebrations at the center? _____

4. If appropriate, would you be willing to share your celebration at preschool with the children and staff? _____

Is there anything else that you would like us to know about your child? _____

Thank you! Your help is greatly appreciated.

Parent/Guardian Signature

Date

Revised 4/2021

