

**ABOUT ME QUESTIONNAIRE**

*This confidential questionnaire is to help your child care provider support the growth and development of your child while creating a safe, stable and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in child care. Confidentiality is a vital component in the child care setting. Therefore, this questionnaire is only allowed to be shared with the child care director and/or owner, and the child's primary teacher, unless pre-approved by the parent/guardian.*

**Instructions:** This questionnaire is to be completed by a parent/guardian and must be on file at the child care facility on or before a child's first day of attendance. Additionally, this questionnaire should be updated when there are significant changes in the child's care and/or annually. A copy should be shared with the child's teacher to support the care of your child. If additional space is needed, attach a separate sheet of paper.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian completing this form:** \_\_\_\_\_

**What is your preferred method of communication? (Email/Phone/Text)** \_\_\_\_\_

**Provider/Center Name:** \_\_\_\_\_

**Has your child attended child care in the past?**  Yes  No

If yes, what type of setting(s) was your child in? (Family child care, group care, etc.) \_\_\_\_\_

**What did you like most about your child's previous child care setting?**

\_\_\_\_\_

**What did you like the least?**

\_\_\_\_\_

**What is important to you about your child's care?**

\_\_\_\_\_

**Who is important to your child?**

\_\_\_\_\_

**Does your child prefer to play alone or with other children?**  Alone  Other Children

**Does your child have a favorite toy or comfort object?**  Yes  No

If yes, what? \_\_\_\_\_

**What is your child's current sleep schedule?**

\_\_\_\_\_

**Does your child fall asleep easily?**  Yes  No

**What is his/her mood upon awakening?**

\_\_\_\_\_

**What does your child like?**

\_\_\_\_\_

**What does your child dislike?**

\_\_\_\_\_

**Special things you say or do to comfort your child are:**

**How do you know when your child is:**

Happy: \_\_\_\_\_

Sad: \_\_\_\_\_

Mad: \_\_\_\_\_

Tired: \_\_\_\_\_

Other: \_\_\_\_\_

**How does your child react when:**

Something unexpected happens:  
\_\_\_\_\_

Something happens he/she doesn't like:  
\_\_\_\_\_

He/She is scared:  
\_\_\_\_\_

Other:  
\_\_\_\_\_

**Does your child have any health issues?**  Yes  No

If yes, please explain:

**Has anything happened recently in your child's life that might have an effect on him/her?**  Yes  No

*Events at home often influence a child's behavior, for example: changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide special attention, understanding, and care that your child needs.*

If yes, please explain:

**Is there anything else you would like to share about your child that you feel would help us create a positive environment and relationship with your child?**

**Is your child in Foster Care?**  Yes  No

If yes, please list the Case Manager's Name and Contact Information:

\_\_\_\_\_

\_\_\_\_\_ (Initial) Parent/Guardian declines to complete this Questionnaire.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_