

# CCYC Family Questionnaire

CHILD'S FULL NAME: \_\_\_\_\_

## FAMILY:

Please indicate who is included in your immediate family and the individual relation to the child. How old are siblings? Who lives at your home?

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## FAMILY LIFE:

How does your family life and work schedule affect your child? What is a typical day like for you and your family?

Monday:

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Tuesday:

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Wednesday:

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Thursday:

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Friday:

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Weekends:

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What Elementary School do you plan on your child attending in the future?

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## PARENTING:

List any specific aspects of childrearing that you feel we should know about and work together with you in a positive manner to accomplish: \_\_\_\_\_

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Guidance, Motivators & Discipline at home:

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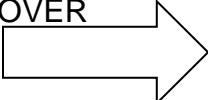
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## FOOD & MEALTIMES:

Favorite foods, mealtime routine - sit at table or in high chair, types of utensils used for feeding (example: spoon, fork, fingers/ cup, sippy cup, bottle), feeds self, and other helpful information:

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OVER 

**SLEEP:**

What time does your child go to bed and wake up? \_\_\_\_\_

Where do they sleep in a bed or in a crib? \_\_\_\_\_

Is a pacifier/bottle still used at home? \_\_\_\_\_

Do they still take naps? How long & when? \_\_\_\_\_

Do they need any special comfort items to help them during nap time? \_\_\_\_\_

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**TOILETING ISSUES & CONCERNS:**

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What are some of your child's interests that we could incorporate here?

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**CULTURE:**

List any family customs, language, food, religion, holidays, celebrations, cultural activities, health practices and kinship that you observe that we can include in your child's classroom: \_\_\_\_\_

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**CHILD CARE EXPERIENCE**

Has your child ever attended child care before CCYC? \_\_\_\_\_

If yes, where - in home or center care? \_\_\_\_\_

Other things we need to know to support your child at CCYC? \_\_\_\_\_

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Thank you for taking the time to fill out this questionnaire. This helps us better understand your child and allows us to care for them in the best possible way 😊.