



Parent Questionnaire

Please answer the questions below. Your responses will help us place your child in the program that best meets their needs.

Child's Name _____ Child's D.O.B. _____ Today's Date _____

My Child:	Often	Sometimes	Never
Communicates by pointing/gesturing/Using ASL			
Verbally communicates			
Able to follow multi-step directions			
Independently uses utensils and cups			
Uses the toilet independently			
Wakes dry from rest periods			
Can communicate when they need to use the restroom			
Can undress and redress themselves when using the toilet			
Willing to sit on the toilet			
Wears underwear and stays dry throughout the day			
Sits at a table throughout a mealtime			
Naps daily			
Can rest quietly with an activity			
Gets overwhelmed/overstimulated in loud/busy places			

How would you describe your child? _____

How would you describe your parenting style? _____

Do you or your child's physician have any concerns about developmental milestones? If so, please share more details. _____

What are you looking for in a childcare program? _____

What kind of environments/activities does your child thrive in? _____

What brought you to Play-ology? _____

Has your child previously attended care/preschool in a group care setting? If yes, how long?

Were there any issues/incidents within the group care setting that you would like us to be aware of?

Do you support Play-ology's learning philosophies?

We DO let children get messy. We DO let children play outdoors. We DO let children create and explore.

Any additional comments or concerns?

*If your child is under 2 years old, please submit an Infant Needs & Services Plan in conjunction with this questionnaire.

Parent/Guardian Name (Please print)

Signature

Date
