



Hampton Academy

Helpful Information About Your Child

Child's Name _____ Date of Birth _____
Parent(s) Name(s) _____

Does your child have any nicknames he or she likes or is used to? _____

Are there any other important adults in your child's life? _____

What is the primary language spoken in your home? _____

Does your child use a bottle or pacifier? _____

Tell me about your child's eating habits/patterns. _____

Has your child been enrolled in child care before? _____

How long has your child been toilet trained? _____

Are there any concerns in this area? _____

What word(s) does your child use for urination? _____

What word does your child use for bowel movement? _____

Are there any patterns to your child's toileting? _____

Does your child have any siblings or close friend relationships? _____

How does your child deal with being separated from you? _____

Does your child have any particular fears? _____

How does your child deal with anger and frustration? _____

How does your child like to be comforted when upset? _____

What toy(s) does your child most like to play with? _____

Tell us about your child's sleeping habits/patterns. _____

Does your child have a particular blanket, toy or pillow that s/he sleeps with? _____

Has anyone expressed concern about your child's development? _____

How do you set limits at home? (Boundaries, dealing with positive and negative behavior) _____

Do you prefer written or verbal parent/teacher communication? _____

How often? (daily, weekly, etc.) _____

What is most important for you to know from parent/teacher communication? _____

What are your expectations for your child's experience while at the center? _____

Is there anyone who is restricted from picking-up or inquiring about your child? _____

Thank you for taking the time to fill out this questionnaire.

We are excited to meet and get to know your child.