

First Baptist Church Preschool Parent Questionnaire

Child's Full Name _____ DOB _____ Sex _____

Address _____
Street City State Zip

Home Phone _____

Father's Name _____ Employer _____

Hobbies or Special Interests _____

Mother's Name _____ Employer _____

Hobbies or Special Interests _____

Family's Church Affiliation _____

Brothers or Sisters:

Name	Age	Male/Female
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tell us about your child

Preferred Name _____

Is Your Child with a babysitter or other childcare on a regular basis? _____

How many hours of sleep does your child get per night? _____

Does your child sleep alone? Yes No

Does your child take a daytime nap? Yes No

How is your child's appetite: Good Fair Poor

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Is your child allergic to any food or liquids? Yes No

If yes please list _____

Other allergies we should be aware of _____

Do you have pets? _____

What are your child's favorite toys and activities? _____

Does your child get along well with family members? _____ With playmates? _____

Does your child cry easy? _____ If so, how do you handle this? _____

Does your child have any fears such as nighttime, sirens, etc.?

If your child has temper problems, how are they handled? _____

Does your child attend Sunday School? Yes No

Is there any significant information you want to share that would help in the understanding of your child?
