

Wayland Public Schools

The Children's Way Preschool Parent/Guardian Questionnaire

Please complete the entire form. Your responses will provide valuable insight that enables your child's teacher to better understand and support your child. Feel free to attach additional pages if necessary.

Child's Name:			
Date of Birth:	Age:	$\Box M$ $\Box F$	
Home Address:			
Parent/Guardian #1 name:		Occupation:	
Relationship to child:		•	
Preferred phone number:		Email:	
Parent/Guardian #2 name:		Occupation:	
Relationship to child:		·	
Preferred phone number:		Email:	
Home language (parent/guar	dian):		
Primary Language spoken at	home:		
Child's Pediatrician:	Address/	Phone:	
People living in the home: (p	lease include pets, if any)		
Name	Relationship to child	Age (if a child)	

Describe any family circumstances that have a significant impact on your child's development (i.e. illness, separation, death, divorce, change in home, adoption/foster, etc.)			
r			
Has your child been ca	red for by anyon	e other than a family memb	oer? □Yes □No
Currently or previousl	y in childcare or	preschool program?	es □No
Name of program/ con	tact:	Pho	ne:
If yes: □ Family/home	-based program	or □ center/school based	
Parent or caregiver pre	sent with child d	uring program Yes	No
Is your child comfortal	ole in group settin	ngs? □Yes □No	
Is there anything we shown? Any preferences		t how your child plays with	other children or on their
Is your child on a speci	ial diet?		
□Vegetarian	□Vegan	□No Pork	□Other
Is your child toilet train	ned:	□Yes □No	
Any specific routines f	or training?		
Words used for toileting	ıg?		
Wake time:		Naps:	
Time to bed:		Sleeps through ni	ght? □Yes □No
What kind of activities	does your child	enjoy? Any activities they	avoid?
How would you descri	be your child's to	emperament and/or persona	ality?

Chil	d's l	nitials	
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Does your chil	d have a comfort object	(blanket, toy, boo	k, pacifier, etc.)?
Is your child at	fraid or frightened by an	ything in particula	ar?
How do you kr	now if your child is upse	rt?	
What works to	comfort your child?		
What approach	n works best for your chi	ld to set limits?	
How does your	r child handle transitions	s and/or new situat	tions?
How does your	r child deal with separat	ion?	
Was your child	l born at full term? \Box Yo	es □No If no, l	how many weeks?
Birth History:			•
Were there any	complications with pre	gnancy or birth?	□Yes □No
If yes, please e	explain:		
•			
Any Medical I	Diagnosis?		
Do you have a	ny concerns about your	child's developme	ent? Yes No
□Hearing	□ Self-care	☐Fine Motor	☐ Cognitive
□Vision	□Social	☐Gross Motor	Attention
□Play	□ Communication	Articulation	□Other:
**			
Has your child	ever received Early Inte	ervention or therar	ov/support services? \(\text{Yes} \text{No}

If yes, please explain:	
What are your goals for your child in	preschool this year? (i.e. social, emotional, physical)
What are your expectations for The C	Children's Way and The Children's Way staff members?
Is there any other information you we	ould like us to know about your child?
Are you interested in becoming a roo	om parent?
-	
Form completed by:	Relationship to child:
(Print):	1
(Signature):	Date: