

Getting to know you!
A Kids Place - New Family Questionnaire
All questions required to be answered BEFORE the 1st Stay

Child's Name _____ Birthdate _____

Are you looking to use state subsidy payments? _____ If so, we do not accept it.

Which days and hours will your child need care? _____

Will your child be enrolled for the entire year? _____ If not, when? _____

Tell us about your child's personality. What are they like? _____

Does your child speak another language besides English? _____ If so, please list. _____

Tell us about our child's learning needs. _____

What is your biggest challenge parenting your child? _____

When is your child most content? What are they interested in? _____

Tell us about your child's behavior. Are there any issues we should be aware of before they begin in our care? _____

How do you discipline at home? _____

Does your child receive any therapies? _____ If so, please list. _____

Does your child have any allergies? _____

Does your child take any medications on a regular basis? Do they need a life saving medication kept at AKP? _____

Tell us about your child's medical needs. Any health issues? _____

Tell us about your child's dietary preferences. _____

Does your child feed themselves? _____

Getting to know you!
A Kids Place - New Family Questionnaire

All questions required to be answered BEFORE the 1st Stay

If your child is potty training/trained, tell us about their bathroom needs. _____

Does your child have a regular nap time? _____

Do you do anything special to help them sleep? (ex. Sound machine, pat back...) _____

Small stuffies or blankies are welcome to be left at the facility each week to help comfort those that nap.

What is your child's normal bedtime and wake up time when they will attend the center? _____

Has your child ever attended another daycare/preschool before? _____

What did you like/dislike about your previous childcare experience? _____

Has your child ever been dismissed from another childcare? _____ If so, explain. _____

Are the parents together? _____ If not, we will need a copy of the custody agreement.

What do you do for a living? _____

Do you work out of your home, an office, traveling? _____

How far from the facility will you or any emergency contacts be on a regular basis? _____

Are your work schedules stable and predictable or variable? _____

Which communication channels do you prefer? _____

First phone number you want us to call in an emergency? _____

Anything else you want us know prior to your child beginning care? _____
