

THE HOUSATONIC CHILD CARE CENTER, INC.

Getting to know your family at home

Child's name: _____ Date of Birth: _____

Person completing the survey: _____ Date: _____

Relationship to child: _____

Please tell us about your child:

1. How would you like to receive communications from the Center such as newsletter, bill, medical information, parent information? Email _____ Center mail _____
2. Describe your child's daily schedule: bedtime, naptime, feeding/eating, etc.

-
3. Does your child feed himself/herself? _____ Drink from a cup? _____
 4. What language/languages does your child hear at home?

-
5. Please list any previous child care/schooling experiences your child has had.

-
6. Does your child have any nicknames? _____
 7. What names does the child call his/her parents/guardians? _____
 8. Who lives with your child? _____
 9. What foods does your child like to eat? _____
 10. Does your child have any food restrictions? _____
 11. Does your child have a special diet? (Ex. Vegetarian) _____
 12. Does your child have any documented food allergies? (Must have order from physician if the center is going to accommodate) _____
 13. What is your child's bathroom routine? _____
 14. What does your child call going to the bathroom? (Ex. Potty) _____
 15. Does your child need help, verbal prompting, or reminders about going to the bathroom?

 16. How does your child tell you he/she has to go to the bathroom? _____
 17. For toddlers only: Are you in the process of toilet training? _____
 18. What is your child's favorite activity? _____
 19. What is your child's favorite song? _____
 20. How does your child like to be comforted? _____
 21. Does your child have any particular fears? _____

22. If applicable, how do you handle behavior difficulties at home? _____

23. What experience or skills do you hope your child will gain at this center? _____

24. What Holidays do you celebrate? (if any) _____
25. Does your child nap at home? _____ for how long? _____
26. What does your child nap with? (Please provide these items for rest time) _____

27. What routine do you perform at home before putting your child to sleep? _____

28. Does your child enjoy looking at books? _____
29. Do you have children's books available in the child's home language? _____
30. Where was your child born? _____
31. What countries are most important to your family's cultural background? _____

32. Are you interested in sharing your cultural background or other interests with the children at HCCC by reading stories, sharing games, songs, food, or arts and crafts projects? (If yes, then what would you like to share, and when?) _____

33. Is there anything else you feel is important for us to know about your child, your family, or culture? _____
34. Is there anybody else who regularly cares for your child? Who? _____
35. What is mom's job/profession? _____
36. What are mom's hobbies? _____
37. What is dad's job/profession? _____
38. What are dad's hobbies? _____
39. Is there anything else we should know about your child? _____

Thank you for providing this information about your child. It is our intention to use it to make your child feel comfortable while in our care.

Signature of person completing the form: _____