

West Shore Child Care Center  
**Orientation Questionnaire**

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

*Please tell us about your child. Skip any question that is not applicable or any question you do not wish to answer. Information shared is confidential.*

**Family Statistics:**

Parent's Names \_\_\_\_\_

Siblings' names and ages \_\_\_\_\_

Other caregivers or important people in your child's life that we should know about:

\_\_\_\_\_

Do you speak any other languages in addition to English in your home?

\_\_\_\_\_

Are there any cultural or religious events or restrictions that are important to your family that you would like us to be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Developmental Information:**

Please tell us when your child reached these developmental milestones. Include any other information that you feel would help teachers.

Walking: \_\_\_\_\_

Talking: \_\_\_\_\_

Toileting (please include any words that your child and you use)" \_\_\_\_\_

\_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

\_\_\_\_\_

Does your child sleep well? \_\_\_\_\_

\_\_\_\_\_

Is your child a good eater? Are there any foods that s/he particularly dislikes? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have separation anxieties? \_\_\_\_\_

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What discipline techniques do you use at home? \_\_\_\_\_

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What does your child do to comfort himself/herself? \_\_\_\_\_

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How long has your child been in child care? \_\_\_\_\_

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Did your child have any childhood illness? \_\_\_\_\_

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Was your child ever hospitalized? \_\_\_\_\_

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What name (or nickname) does your child prefer to be called? \_\_\_\_\_

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Is there a name (or nickname) that your child does not like? \_\_\_\_\_

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Have there been recent tragedies in the family that may affect your child's behavior? \_\_\_\_\_

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If there are any concerns, or anything else that you think teachers need to be aware of, please use the space below to explain.

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