

PARENT DAYCARE QUESTIONNAIRE

Child's First Name: _____ Child's Last Name: _____

Days and Hours

What days and hours do you need childcare services?

Days	Hours
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Annual Enrollment

Will your child be enrolled at our daycare facility for the full year? Yes No

Expectations

What are your expectations from our daycare facility?

Duration of Care

How long does your family plan on needing childcare services? _____

Experience at Daycare

Does your family have experience with daycare services at another facility? Yes No

PARENT DAYCARE QUESTIONNAIRE

Daycare Preferences

What did you both enjoy and not enjoy about your previous childcare experience?

Parenting Style

What is your parenting style like? _____

Questions and Concerns

Do you have questions or concerns about our daycare facility or daycare managers?

[] Yes [] No *What are they?*

Child's Personality

What is your child like?

How would you describe their personality?

Child's Interests

What is your child interested in?

What have you noticed gets them excited at home?

PARENT DAYCARE QUESTIONNAIRE

Child's Dietary Preferences and Restrictions

Does your child have dietary preferences or restrictions? Yes No

What are they?

Allergies and Medications

Does your child have any allergies or take any medications regularly? Yes No

What are they?

Learning Needs

Does your child have special learning needs? Yes No

What are they?

Immunization History

Is your child up-to-date on all their shots? Yes No

Are you willing to provide proof of their immunization history? Yes No

Behavioral Issues

Does your child have any behavioral issues? Yes No

What are the issues we should be aware of?

PARENT DAYCARE QUESTIONNAIRE

Pickups and Drop-Offs

Who will be responsible for picking up and dropping off your child?

Name of parent or guardian 1: _____

Driver's license number: _____

Name of parent or guardian 2: _____

Driver's license number: _____

Name of parent or guardian 3: _____

Driver's license number: _____

Parents' Occupations

What do you do for a living? _____

What's your work schedule like?

Child Safety

Is there anyone else who should be able to pick up or drop off your child? Yes No

Name: _____

Driver's license number: _____

Are there family safety concerns we should be aware of? Yes No

What are they?

PARENT DAYCARE QUESTIONNAIRE

Communication Preferences

How would you prefer we contact you in case of an emergency? _____

How would you prefer to receive regular communications from our daycare facility?

Sick Policies

Have you read our sick policy? Yes No

Are you willing to comply with everything listed in our sick policy? Yes No

Payment Policies

Have you read our payment policy? Yes No

How would you prefer to pay your daycare fees? _____