



On behalf of the EBJ program, I thank you for all of the time, effort, and thoroughness in completing this questionnaire. This information will be extremely useful in helping us provide a quality experience for your child. This information is read by the Director, by your child's teachers and by our EBJ consultants involved in the classroom. Outside of these professionals, the questionnaires are kept confidential. All of the questions asked are with the best intention of getting to know your child and your family and making the transition to EBJ successful and the time spent here happy and productive.

Amy Angelo, Director

Your Family

Child's name _____ Nickname _____

Birth Date _____

Who does your child live with? _____

Parents are: living together _____; separated _____; divorced _____; deceased _____

Children in the family:

Name	M/F	Birth Date	School/Childcare
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Siblings not living at home:

Name	M/F	Birth Date	School/Childcare
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What type of residence do you live in? _____

How long have you lived there? _____

Are there any pets? _____

What is your family's ethnic or cultural background?

What language(s) is(are) spoken in your home?

What language(s) is(are) spoken by extended family?

With what language(s) is(are) your child comfortable?

How comfortable are you speaking and reading English and would you need help from EBJ?

EBJ can provide a translator

Are there any children's books in a language other than English that you can translate and share with EBJ?

Are there any specific traditions, objects, or foods relating to your culture that EBJ should be aware of? _____

Does your current religious affiliation or background interact with your child's experience at EBJ? _____

What values are important to your family?

Does your family celebrate birthdays?

Would you be willing to come to share your home culture with your child's class?

Child care arrangements prior to EBJ? (Name of prior program, if applicable):

What aspects of group experience has your child enjoyed the most? _____

What aspects of group experience has your child enjoyed the least? _____

What kinds of things does your child enjoy doing most? _____

Does your child play with other children? ____ What ages, and what kind of relationship does he/she have with them? _____

What television shows does your child watch, if any? _____

Does your child have a regular babysitter? Who? _____

Do parents work away from the home? What hours? _____

What arrangements do you have when the child is ill and cannot attend EBJ and when EBJ is closed for holidays, vacations, snow days?_____

Your Child's Health

Describe the general health of your child._____

How can you tell when your child is getting sick?_____

What physical or medical compromises does your child have? (vision, hearing, speech, allergies, other?) Please describe_____

Does your child take daily medication?_____ If yes, what?_____

Has your child ever been seriously ill, injured, or hospitalized? If yes, please describe the event and the reaction to it._____

Development

Is your child adopted?_____ If yes, at what age?_____ Does he/she know?_____

What would you like to share with EBJ about your child's adoption?

If not adopted, please describe your pregnancy and childbirth. _____

What was your child like as a newborn?_____

What are the similarities/differences in his/her temperament at this age?_____

At what age did your child sit up alone?_____ Walk alone?_____ Say first word?_____

What was their first word?_____ Speak in sentences?_____

Was your child breast fed?_____ How long/still occurring?_____ Bottle fed?_____

How long/still occurring?_____ Does your child use a pacifier or suck his/her thumb?_____

Are there questions or concerns you have regarding your child's development? _____

Do you consider your child a good eater? _____ What foods does he/she like? _____

Dislike? _____

How old was your child when cow's milk was introduced? _____ Solid food? _____

Does your child feed him/herself? _____ Hands? _____ Use a fork? _____

Use a spoon? _____ Sippy cup? _____ Cup? _____

When does your child usually get hungry and how can you tell? _____

How often does your child eat each day? _____

Are there any foods that should not be given to your child at EBJ? _____

What is your child's napping schedule? When, where and for how long? _____

Does your child tire easily and how do you know? _____

What time is bedtime and is it consistent? _____

What time is wake up and is it consistent? _____

Does your child wake at night? _____ How often? _____

How do you handle this? _____

Where does your child settle down to sleep? Alone? With help? Please describe.

If there are nightmares or anxieties, please describe. _____

What is your child's mood upon waking? _____

Is your child toilet trained? _____ At what age? _____ Bowel? _____

Both? _____ Is a diaper required at all and when? _____

Are there special words for toileting functions? _____

Does your child need physical assistance when toileting? _____

Reminding? _____ Does your child use a potty chair or seat on toilet? _____

Please describe your child's attitude toward toileting and his/her independence in respect to toileting? _____

Discipline practices and behavior management techniques are discussed prior to initial enrollment so that parents are informed and in agreement as to show mutual support for helping a child manage his or her interactions in social situations.

What kinds of behavior is your child disciplined? _____

What is the least effective discipline? _____

How does your child respond to discipline? _____

Does your child have any particular fears? _____

Are they grounded in anything of which you are aware? _____

How do you deal with them when they occur? _____

What kind of situations are most upsetting or frustrating for your child? _____

How does your child show that he/she is upset? _____

What helps at this time? _____

Do you expect any major changes (other than enrolling in EBJ) in the next year? Please describe

Please describe anything else that you think is important for us to know about your child.
