

 Trinity Lutheran Child Learning Center
PARENT QUESTIONNAIRE 2023-2024



Child's Name: _____ Child's Date of Birth _____ M / F

Parent's name: _____ Today's Date _____

Estimated Drop-off Time: _____ Estimated Pick-up Time: _____

Siblings' names and ages: _____

What is the primary language spoken at home? _____ Other? _____

Comments _____

Is your child toilet trained? Please check: Completely ___ Working on it ___ Not at all ___ Comments _____

Has your child been in a day care or home day care before coming to Trinity? Yes ___ No ___

Church Affiliation: _____

Is your child baptized? Yes ___ No ___ Date of Baptism _____

Please describe your child's religious experiences (Church, Sunday School, Vacation Bible School, etc. _____

How does he/she react in group settings?

My child enjoys playing ___ alone
___ along side others
___ cooperatively with others

Previous peer group experiences for my child include (Playgroup, Sunday School, daycare, preschool, etc.)

Continued on back.....

School your child will attend for Kindergarten _____

My child's personality is best described as _____

Favorite toys and activities are _____

Food my child likes _____

dislikes _____

My child is afraid of _____

Illnesses my child has had

My child sleeps _____ hours at night and naps approximately _____ hours in the afternoon.

Is there anything we should know about your child's napping habits (e.g. light level, music, room temperature, comfort items, crib/toddler/ twin bed)

The method of discipline used most successfully with my child is _____

What helps calm your child when they are upset? _____

I want my child to gain ... _____

_____ this year at TLCLC.

Please use the following space to write anything you think we should know about your child that would help be relevant to their care.