



# Washtenaw Community College

## Child Care Questionnaire

Date: \_\_\_\_\_

This information is kept confidential and is used only to enhance your child's experience at the Children's Center.

<b>Child's Name:</b>		<b>Child's Preferred Name:</b>	
Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Birthday:</b>	<b>Language spoken by the child:</b>	
<b>Parent's Name:</b>		<b>Parent's Age:</b>	
<b>Occupation:</b>		<b>Language spoken by the parent:</b>	
<b>Parent's Name:</b>		<b>Parent's Age:</b>	
<b>Occupation:</b>		<b>Language spoken by the parent:</b>	
<b>Other children and adults living in the household:</b>			
<b>Name:</b>	<b>Age:</b>	<b>Relationship:</b>	

Has your child had any other childcare experience? Please explain.

Have there been any recent major changes in your child's life we should know about?

In general, how does your child react to anxiety or stressful situations?

What activities does your child enjoy most?

Does your child have any special needs or a developmental delay we should know about?

Does your child use the toilet on his/her own?

What skills do you want your child to learn?