



Robert J. Wilf Preschool & Kindergarten @ the Kaiserman JCC

Toddler Questionnaire

Child's full name: _____

First name you prefer your child to be called (if different from above): _____

Language(s) spoken in your home: _____

List child's siblings by name, age (and/or other members of household besides parents): _____

Are parents separated or divorced? Yes No If yes, describe custody arrangements: _____

Occupation: Parent 1 _____ Parent 2 _____

Religion: Parent 1 _____ Parent 2 _____ Child _____

Activities your child enjoys most: _____

Activities your child does not enjoy: _____

Does your child: Drink from a cup? Yes No Use a spoon? Yes No

Feed them selves without any help from an adult? Yes No

Does your child have any food allergies? Yes No

If yes, explain

Does your child nap? Yes No Length of nap: _____

Does your child need something to help them fall asleep (ex. pacifier, stuffed toy, sippy cup)? Yes No

If yes, explain:

How does your child react to separation from parents, new people/situations (ex. cries, is calm)? _____

Is there anything else you think we should know about you or your child? _____