

PARENT QUESTIONNAIRE FOR PRESCHOOLERS
ENROLLING AT HUTCH KIDS CHILD CARE



Child's Name _____	Date of Birth _____
Days of the Week in Attendance _____	Typical Hours _____
Parent Name _____	Work Phone _____
Parent Name _____	Work Phone _____
Which parent should we contact first? _____	

Eating:

Does your child have any particular likes or dislikes? _____

Would you say your child is a "heavy, less frequent eater" or more of a "light, frequent eater"? _____

Other comments about eating? _____

Other:

What is the best way to soothe or comfort your child? _____

What are your child's favorite toys/activities? _____

Please list any medications your child is currently taking. If none, mark "none." _____

Other comments? _____
