

PARENT QUESTIONNAIRE FOR TODDLERS  
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"? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sleeping:

How do you put your child to sleep? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How often does your child sleep during the day and for how long? \_\_\_\_\_  
\_\_\_\_\_

Does your child use a pacifier at nap time? \_\_\_\_\_

Does he/she use it at other times of the day? \_\_\_\_\_

How does your child indicate tiredness? \_\_\_\_\_

**Diapering:**

Does your child wear cloth or disposable diapers at home? \_\_\_\_\_

Will your child cry/fuss when he/she needs a fresh diaper? \_\_\_\_\_

**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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_