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### New Student Wobbler/Toddler Q & A

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Desired Start Date: \_\_\_\_\_

Parent Name \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number \_\_\_\_\_

**Please help us get to know your child by answering the following questions and returning this sheet with your enrollment packet before your child's first day. Feel free to use the back of this sheet.**

1. What are your expectations from our childcare?
2. Please name present or last childcare provider including nannies and family members:
3. How long do you expect to need care?
4. What is your diapering or toileting schedule?
5. Is there someone (parent or other) that can pick up immediately in case of emergency? Yes No
6. What is your pre sleeping routine for your child?
7. How long does it take your child to fall asleep?
8. What is your child's typical sleep schedule?
9. What does mealtime routine look like (does your child sit at the table, does your child sit until finished, does your child feed themselves, eating schedule, etc.)?
10. Is your child using a bottle or breast feeding during the day? How often?
11. Does your child use a pacifier or other soother? Yes No
12. What is your child's method of communicating?
13. How often do you carry your child vs. them independently walking?
14. How often does your child play on their own?
15. Please list any behavioral concerns (hitting, biting) or other developmental concerns?
16. What are your child's interests?

Tour Date: