

Van Buren County SWVPP Parent Questionnaire

Please complete the following questions you feel comfortable filling out and return this sheet to your child's teacher. Any information you provide will enable us to assist your child in learning to grow to the best of his/her ability.

Child's Full Name: _____

Brothers or Sisters

Name	Age	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What are your family's hobbies or special interests?

Preferred name or nickname (if different from above)

Does child reside with father _____ mother _____ both _____ other _____

If other, please explain _____

Is child in daycare/babysitter? Name _____

Days attending _____

Phone number to reach them _____ Cell _____

How many hours of sleep does your child get per night? _____

Does your child sleep alone? Yes _____ No _____

Does your child take a daytime nap? Yes _____ No _____

How is your child's appetite? Good _____ Fair _____ Poor _____

Is your child allergic to any food or liquids? Yes _____ No _____

If yes, please list _____

Other allergies we should be aware of _____

Do you have pets? _____

What are your child's favorite toys and activities?

Does your child cry easy? _____ If so, how do you handle this?

Does your child have any fears such as nighttime, sirens, etc.?

If your child has temper problems, how are they handled?

Is there any significant information you want to share that would help in the understanding of your child?

Does your family have any traditions or cultural heritage that you would like to share?

Does your child have any special medical history? (Premature birth, developmental delays, etc...)

Has your child had previous group experience? (Preschool, Sunday School)
