



**Dale Turner Family YMCA  
Chase Lake Elementary Preschool  
Parent Questionnaire**

Please answer the following questions so that we can make your child's experience at the Chase Lake Elementary Preschool productive and positive. By knowing a child's background, we can include some of their experiences and culture into our program. You are not required to fill out this questionnaire. If there is any question that you feel uncomfortable answering, please leave it blank. This information will remain confidential, being destroyed when your child leaves our program.

We encourage the free expression of cultural differences in our program. We want each child to feel valued and important here at the Child Care House.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**HOME:**

Please list members of your child's household by name, age and relationship: \_\_\_\_\_

Of these, who works outside the home and what do they do? \_\_\_\_\_

Are the parents separated or divorced? \_\_\_\_\_

If yes, please describe visitation schedule: \_\_\_\_\_

Is there a non-parent adult with whom the child has a relationship? \_\_\_\_\_

If yes, please describe relationship: \_\_\_\_\_

What type of building does your child live in, such as: house, trailer or apartment? \_\_\_\_\_

Do you have pets living with you? \_\_\_\_\_

Has there been a major change in the family recently, such as: divorce, birth, death or moving? \_\_\_\_\_

**YOUR CHILD:**

Do you have any concerns about any aspect of your child's development? \_\_\_\_\_

Has your child been in a school or child care in the past? \_\_\_\_\_

Please circle: Parent Co-op      In-home day care      Preschool      Day care

Other: \_\_\_\_\_

Were there any problems or concerns you had at a previous center? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

What kind of activities does your child enjoy the most? \_\_\_\_\_

What kind of activities does your child enjoy the least? \_\_\_\_\_

What do you hope will be included in your child's preschool program? \_\_\_\_\_

Does your child accept correction easily? \_\_\_\_\_

What is the method of discipline used in your home? \_\_\_\_\_

What are the qualities you love about your child? \_\_\_\_\_

Does your child nap? \_\_\_\_\_ When? \_\_\_\_\_

What time does your child go to bed at night? \_\_\_\_\_ Wake up? \_\_\_\_\_

Does your child have any special fear? \_\_\_\_\_

What does your child usually eat for breakfast? \_\_\_\_\_

Does your child have frequent colds? \_\_\_\_\_ Earaches? \_\_\_\_\_

Sore throats? \_\_\_\_\_ Stomachaches? \_\_\_\_\_ Fevers? \_\_\_\_\_

Has your child had any serious accidents or operations? \_\_\_\_\_

How much television, movies or videos does your child view?

Per day: \_\_\_\_\_ Per week: \_\_\_\_\_

Favorite programs viewed: \_\_\_\_\_

**CULTURAL HERITAGE:**

To make each child feel recognized and valued, we would like to include special events, foods and cultural experiences of your child in our program. We strongly encourage children to respect other people's cultural heritage.

What language is spoken in your home? \_\_\_\_\_

What is your family's ethnic background? \_\_\_\_\_

Would you be willing to share your time, cultural items or experiences with your child's class? \_\_\_\_\_

Does your child participate in any special holidays during the year? \_\_\_\_\_

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

Please share with us any other information you believe would help us care for your child. \_\_\_\_\_

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*We hope that the time your child spends at the Chase Lake Elementary Preschool is pleasant, productive and fun. Please never hesitate to express any concerns or opinions you may have about our program or your child's care.*

*Thank you,  
Chase Lake Elementary Preschool Staff*