

Early Childhood Center Questionnaire

Please email to kmyers@highlandhall.org

Date _____

Child's Name _____ Birthdate _____

Child's History

How did parents meet? _____

How was the pregnancy? _____

Hospital or home birth? _____ What family or friends were present? _____

How was the birth? _____

If adopted, see last page.

Approximate weight at birth? _____

Was child breast fed? _____ Until what age? _____

At what age did your child crawl? _____ Walk? _____ Speak? _____

At what age did your child start addressing himself at "I"? _____

When was your child toilet trained? _____

Does your child wet the bed? _____ Under what circumstances? _____

Does your child suck thumb or fingers? _____ Does your child have any other habits ? (bite nails, twist hair, etc.?) _____

Are there any letters or sounds your child does not speak clearly yet? (such as R, Y, D?) _____

Do both parents reside in the home? _____ If not, does the child have contact with both parents? _____

How much time is spent in each environment? _____

Home and Family Rhythms

What time does your child awake in the morning on weekdays? _____ Weekends? _____

How does child awaken? (dreamy, crabby, cheery, etc?) _____

Who decides what clothing the child will wear? _____

Does child eat breakfast? _____ What does he/she eat? _____

Who decides what lunch will be? _____

Do you or your child follow any special diet? _____

What foods does your child like most? _____

Least? (any strong dislikes of salty, spicy, sour?) _____

What meals does the child have with the entire family? _____

What time are the meals? _____

Does your child have regular chores? _____

Does your child tidy up room or play area? _____

How do you discipline your child? (give examples) _____

How would you describe your child's temperament? _____

What time does your child go to be bed on weekdays? _____ Weekends? _____

Who decides when it is time to go to bed? _____

What, if any, is the bedtime ritual? _____

Does your child fall asleep easily? _____ Does he/she sleep through the night and in own bed? _____

Any history of recurring nightmares or dreams? _____

What are the weekend activities? _____

How successful are you at providing rhythm and routine in your child's life? _____

What language is spoken in the home? _____

What language does the child speak? _____

Mother? _____ Father? _____

If from another culture, or environment, describe home life or attitudes that may be different or unique: _____

What festivals does your family celebrate? _____

Play

What activities does your family do together that your child enjoys? _____

Does your child have friends in the neighborhood? _____

What are their ages? _____

Describe their relationship and play: _____

Does your child have siblings? _____ What are their ages? _____

Describe their relationship and play: _____

Does your child have pets? _____

Does your child have imaginary playmates? _____ Give names and describe: _____

Does your child like playing alone? _____ Describe play: _____

What kind of play and toys does he/she enjoy most? _____

Least? _____

Is there any special doll or toy? _____

What is your child's outside play environment? _____

Is there anything that you feel is important to your child's biography that has not been covered above? _____

Why have you brought your child to Highland Hall Waldorf School? _____

Media and Extracurricular Activity Information

Are you willing to work with your child's teacher to eliminate/reduce media exposure for your child? Yes ___ No ___

Please describe your child's habits in relation to television, movies/video, video games and the computer: _____

What kinds of music do you and your children listen to at home? _____

Do you play the radio or tapes in the car en route to school? _____

Please check as appropriate:

There is a television and/or computer in my child's own room: Yes _____ No _____

My child watches more than 1-2 hours of television per day: Frequently _____ Sometimes _____ Never _____

I allow my child to own or rent video or computer games: Frequently _____ Sometimes _____ Never _____

I allow my child to use the Internet and online computer: Frequently _____ Sometimes _____ Never _____

Are you willing to adjust your child's scheduled extracurricular activities for appropriateness for your child's age:?

Yes _____ No _____

Does your child participate in any (check all that apply):

Sports _____ Martial Arts _____ Gymnastics _____ Dance _____ Music _____

Please elaborate on the activities checked above: _____

Adoptive Family

Please share with us any relevant information you may know about your child's birth and early life. Please feel free to use the questions below as a guideline.

Relevant circumstances of the birth: _____

At what age was your child adopted? _____ Is yours an open _____ or closed adoption _____ ?

Circumstances _____

Does your child know he or she is adopted? Yes _____ No _____ International

_____ Domestic Adoption _____ ?

Children can show a wide range of emotional adjustment which changes as children mature. Please share some of the language used in your family to discuss your family, your child's birth parents, birth and or adoptive siblings, etc. so that we may better support your family. _____

Signature of Parent

Date

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Date