

# First Baptist Church Preschool Parent Questionnaire

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Hobbies or Special Interests \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Hobbies or Special Interests \_\_\_\_\_

Family's Church Affiliation \_\_\_\_\_

Brothers or Sisters:

Name	Age	Male/Female
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Tell us about your child**

Preferred Name \_\_\_\_\_

Is Your Child with a babysitter or other childcare on a regular basis? \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

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Other allergies we should be aware of \_\_\_\_\_

Do you have pets? \_\_\_\_\_

What are your child's favorite toys and activities? \_\_\_\_\_

Does your child get along well with family members? \_\_\_\_\_ With playmates? \_\_\_\_\_

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? \_\_\_\_\_

Does you child attend Sunday School? Yes No

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

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