

# FAIRFIELD CHILD DEVELOPMENT CENTER

## CHILD QUESTIONNAIRE

CHILDS NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ASSIGNED CLASSROOM: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

DATE UPDATED: \_\_\_\_\_

DATE UPDATED: \_\_\_\_\_

### HEALTH & SAFETY

1. Are there any special medical needs/conditions your child has? Does he/she need to take any medication(s) while in our care? If so, please explain.

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2. Is there any previous medical history we should be made aware of that may affect the care of your child? If so, please explain.

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3. Does your child have any allergies of any kind? If so, please list.

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### FAMILY CULTURE (the following items are optional to answer)

1. What are the names and ages of all people who live in your home and their relationship to your child (Please include family pets):

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2. What ethnicity/cultural background does your family identify with?

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3. What is your family's primary language? \_\_\_\_\_

4. Does your family celebrate or observe any special traditions or holidays? If so, please list and describe:

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5. Are there any traditions, holidays or observances your family avoids? If so, please list (Please see Eugene Creative Care's policy on *Holidays and Observances* in our *Family Handbook*):

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6. Is there anything else you would like to tell us about your family that would influence the care we provide or behaviors we will see from your child? If so, please list:

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\*\*\* Eugene Creative Care extends the invitation to you the parent or any extended family member who is authorized on your enrollment agreement to share any special traditions, talents, or skills you would like to share with your child's class. Visits of this nature must be pre-arranged with the Center Director and your child's teacher. \*\*\*

## FEEDING & MEALTIME ROUTINES

1. Please circle which types of foods your child eats (please update with your teacher as your child progresses):

Breastfed

Bottle Fed

Soft Solids (Jar or Mashed)

Solids (Finger or Standard)

Please note, if your child is breastfed, we encourage mothers to visit our nursery to feed their child as often as they would like. Pumped breast milk must come already expressed into premeasured bottles which Teachers will store in a refrigerator until the time of use. If your child is formula or jar food fed, families are responsible for providing these foods on a regular basis. Formula does not need to be premixed. All bottles and jar foods will be warmed according to your child's schedule and family preferences by a bottle warmer located inside the classroom. Empty used bottles, whether containing breast milk or formula will be placed in your child's diaper bag after each use. Bottles are not cleaned or sterilized at our facility. If you would like your child's teacher to save used food jars for you, please let them know. Table foods are provided by the center unless your child or family has or prefers a special diet other than what is listed on the monthly service menu.

2. What position is your child familiar with while eating:

Holding/Rocking  
High Chair (Self or Teacher Fed)  
High Chair (Fingers or Utensils)  
Table w/ Utensils

Our programs offer family style meal service for toddler and preschool age children. This means we encourage self-serving, individual child size place settings, and casual conversation while dining.

3. Describe how you prepare and serve foods/bottles for your child:

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Amounts/How Often (feeding schedule):

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(Infants feeding schedules change frequently, please keep your child's teacher abreast of new feeding schedules/foods.)

4. Is your child a picky eater or eating difficulties? If so, please explain:

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5. Please list specific food likes/dislikes:

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## **SLEEP/REST SCHEDULE**

1. When, how often, for how long and at what times does your child sleep/take a rest?

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2. Is your infant always put to sleep on his/her back?

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3. How does your child show signs of needing to sleep/rest?

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4. What routines/techniques do you use to put your child to sleep/rest?

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5. What is your child's wake up routine/temperament/needs?

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## TOILETING

1. Please circle what level of toileting your child is at:

Diaper

Pull Up

Potty Training

Fully Potty Trained

2. If your child is potty training, please tell us about his/her routine or methods currently being used at home, and how you would like us to support this in the classroom environment:

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3. Can your child change his/her own clothing in the event of a soiling accident?

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4. Please describe your child's reactions to soiling their clothing (hiding, crying, resistance to changing, lets an adult know, etc)?

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Diapers, specialty wipes other than what brand our site uses, diaper cream if needed, pull ups, and at least two extra sets of clothing should be kept at the center and replaced on a weekly basis. You should communicate with your child's teacher to determine the quantity and what your child's needs will be. (Diapering checks will be performed no less than once per hour, if not more. The diaper will be changed regardless of how full it may be.)

## CHILD DEVELOPMENT

1. Does your child have any developmental delays or trouble in any developmental area we should be aware of that might affect the level of care we provide him/her? If so. Please explain:

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2. Are you concerned about your child's development? If so, please explain:

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ECC works in partnership with parents to conduct the *Ages and Stages Developmental Questionnaire (ASQ-3)* with your child within 30 days, after 6 months and then annually to help ensure your child is making healthy strides in his/her development.

3. How do you comfort your child when he/she is upset?

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4. Please describe your child's language level (words, sentences, conversational):

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5. Please describe your child's favorite games, toys and things to do:

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6. Are there any concerns or anything not already covered you would like us to know about your child?

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~ Welcome to Fairfield Child Development Center! ~