

Application questionnaire



Child's name: _____ Date of birth: _____

1. How would you describe your child's birthing process?

- Normal Caesarean
- Premature Difficult
- Other: _____

2. Has your child ever had:

- A major fall A fever over 102.2°F (39°C)
- Surgery Excessive drooling
- Seizures Reaction to immunizations

3. What is your child's principal spoken language?

What are other languages spoken at home?

4. Does your child have any specific allergies or food restrictions? If yes, please list:

5. Please list any fears your child may have (dogs, being alone, etc.):

6. What are your child's interests?

7. How would you describe your child's personality?

8. What time does your child typically go to bed?

(Please continue this questionnaire on the next page)



9. How much screen time (TV, computer, tablet, phone, etc.) does your child have daily?
Please list the TV programs watched and/or computer programs used:

10. How much quality time do you spend with your child each day?
One-on-one mommy time: _____ One-on-one daddy time: _____

11. Do you have a maid or helper at home?

Yes No

Comments: _____

12. Has your child attended any other enrichment classes (either now, or in the past)?

Yes No

If yes, please list the classes attended (what kind, where and approximately how long):

13. Has your child had previous experience in a preschool or daycare setting?

If yes, please include the name of the center or school, and share the experience with us:

(Please continue this questionnaire on the next page)

14. It is natural for children to become upset as they develop and grow.
Please share with us your child's current natural emotional patterns:

(NOTE: These patterns change and improve over time, with nurture and guidance. Our goal is to develop a plan to help your child manage his/her emotions in a positive way, knowing that he/she is loved unconditionally.)

How often does your child become upset?

- Rarely 1-3x per week
 1-3x per day More than 3x per day

What type of behavior does your child exhibit when he/she has strong feelings?

When my child is...	This is how he/she expresses it...	This is what I do to help...
Angry or frustrated		
Sad/has hurt feelings		
Silly/will not listen		

(Please continue this questionnaire on the next page)



15. What interests you about TweedleWink Playhouse?

16. What are your expectations for the program?

17. Please share your views on your child's life-long learning:

Thank you for completing this questionnaire!