



Family Questionnaire

Please help us get to know your child and your family!

Child's Name _____ Nickname _____

Parent's Names _____

Will this be your child's first experience in a childcare center? YES NO

Who lives in your child's home and what are their names?

What language is primarily spoken at home?

What pets do you have and what are their names?

What kinds of activities does your child enjoy the most?

What kinds of activities does your child enjoy the least?

What are your child's strengths/weaknesses?

What do you hope will be included in your child's program here at MLCC?

Do you have any concerns about your child (anxiety, fears, development, allergies)?
