

Parent Questionnaire

1. How did you find out about this agency? _____
2. What previous daycare experience has your child had? _____
3. No pets in the home? _____
4. Have you established a routine for your child? _____
5. Does your child have any allergies? _____
6. How is your child's health? Medical problems? _____
7. Is your child on medication? _____
8. Does your child have any fears? _____
9. Does your child wear cloth or disposable diapers? _____
10. Does your child have any behavioral problems? _____
11. Does your child have a learning disability? _____
12. Does your child prefer to sleep in a playpen? Bed? _____
13. What illnesses has your child been exposed to? _____
14. What concerns do you have in regards to discipline? _____
15. Does your child have feeding problems? _____
16. Does your child have a good appetite? _____
17. Are there particular foods you do not wish your child to eat? _____
18. Does your child have a sleeping problem? _____
19. Are there any special toys or blanket your child likes to sleep with? _____
20. Does your child usually fuss when you leave? _____
21. How do you calm your child down if he/she is upset? _____
22. What program activities do you expect your Provider to offer your child? _____
23. Will you be able to offer consistency in dropping off or picking up your child from the Provider's home? _____
24. Does your child socially interact well with other children? _____
25. What concerns do you have about the Provider transporting your child in her vehicle? Will you give her consent? _____

Additional Comments? _____

THIS REGISTRATION FORM ENTITLES YOU TO AN INTERVIEW WITH PROVIDERS REGISTERED WITH MINI-MINDERS. YOU MUST NOT ENTER INTO ANY PRIVATE ARRANGEMENTS WITH THE PROVIDERS, OTHERWISE YOU WILL BE HELD LIABLE FOR DAMAGES EQUAL TO THE AMOUNT THAT MINI-MINDERS WOULD HAVE COLLECTED HAD YOU ACTED THROUGH THIS AGENCY. PLEASE SEE PARENTS AGREEMENT.

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