



Bright Start Child Development Center Needs and Service Plan

Dear Parents,

In order for the staff at Bright Start to give your child the best possible care, we ask that you take a few moments to answer the following questions regarding your child's family life and his/her daily routines. The information in this questionnaire is valuable to us, but responding is completely optional. This information is to be read only by the teaching staff and director. This form will be kept confidential. Thank you for sharing this information with us. We look forward to serving both your child and your family.

Child's Name: _____

Birth Date: ____/____/____

Nickname: _____

Family Information

1. List all people living in the home; including names, ages and relationship to the child:

2. What is your marital status and the relationship your child has with parents or partners?

3. What is your country of origin? _____

How long have you lived in the USA? _____

What languages are spoken at home? _____

4. Parents' present occupation? _____

5. Has your child been in care outside the home before? Please describe _____

6. How does your child generally react to separation from you?

7. Please list a few activities that your child enjoys.

8. Describe your child's general personality.

9. Who usually handles discipline in your home?

10. Please describe the discipline method used at home. Does it seem effective?

11. Does your child have any strong fears or dislikes? What are they?

12. Please describe your techniques for soothing your child when he/she is tired, hurt, upset, or just needs some special comforting.

13. Name characteristics, mannerisms, or habits which you find most endearing:

Sleeping Schedule

1. What time does your child typically go to bed at night? _____ Wake up in the morning? _____

2. Does your child usually sleep well during the night? _____

3. What time does your child tend to nap during the day and for how long?

4. Are there any special routines your child needs in order to nap?

Feeding

1. What does your child generally eat and what are some of his/her likes and dislikes?

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

2. What does your child tend to drink (milk, breast milk, formula, juice, etc...)?

3. Does your child use a bottle or a cup (with or without a lid)?

4. Are there any special dietary concerns?

5. Does your child have any food allergies? _____

If so, specify: _____

Toileting

1. What word does your child use for urination? _____ BM _____

2. Is your child using diapers? _____ Cloth: _____ Disposable: _____

3. Is your child doing any self toileting? _____ What can be done to reinforce this process here at the center?

4. Are there any special diapering instructions?

Please add anything else you feel will be helpful so we may provide quality care for your child.

Parent's Signature

Date

Teacher/Director Signature

Date