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[www.wonderschildcare.org](http://www.wonderschildcare.org)

### CHILD INTEREST SURVEY

Date \_\_\_\_\_

Please complete this survey to provide the teachers with an updated profile of your child. This survey is a supplement to the Family Information Form that was submitted upon initial enrollment. This form will be used at the start of each school year for all children that are continuing in our program. Thank you.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Favorite Activities \_\_\_\_\_

Favorite Books \_\_\_\_\_

Favorite Toys \_\_\_\_\_

Favorite Foods \_\_\_\_\_

What is your child's usual bedtime? \_\_\_\_\_ Waking time \_\_\_\_\_

Does your child eat breakfast before coming to school? \_\_\_\_\_

What is a typical school morning breakfast? \_\_\_\_\_

Do you participate in any religious or cultural observance that might restrict your child's diet at school?

\_\_\_\_\_ Date(s) of observance(s) this year \_\_\_\_\_.

Please list dietary restrictions for this time

\_\_\_\_\_

Is there anything else we should be aware of to support your child during the times listed above?

\_\_\_\_\_

Does your child watch TV? \_\_\_\_\_ How many hours per day? \_\_\_\_\_

What are his/her favorite shows? \_\_\_\_\_

Does your child have any fears or concerns that you want us to know about?

\_\_\_\_\_

What types of guidance techniques are used at home?

\_\_\_\_\_

\_\_\_\_\_

What do you think your child's strengths are?

\_\_\_\_\_

\_\_\_\_\_

What areas of development do you think need to be strengthened?

\_\_\_\_\_

\_\_\_\_\_

What are your goals for your child this year?

\_\_\_\_\_

\_\_\_\_\_