



4607 Willard Avenue Chevy Chase, MD 20815

Phone: 301-654-5339 Fax: 301-652-9533

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?
