

***Nido Room Parent Questionnaire***

(Please bring with you with your meet-the-teacher appointment)

In the first few weeks of your child’s time in our classroom community—it would be helpful for us to have some notes so we may get to know your child better. By answering the following questions, you will assist us in knowing such things as eating habits, comforting toys, napping routines, etc. We will keep this questionnaire in a binder so we can respond to your child’s need in a more familiar way. Thank you!  
  
 **Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Has your child been in a childcare setting before? If so, where and for how long?

2) Generally, what time do you drop off in the morning and pick up in the afternoon? (Please remember half-day is from 8:30-12:15 pm and full day is from 8:30-3:00pm)

3) Does your child have any items they use for comfort, such as: blankets, toys, stuffed animals?

4) How do you comfort your child when they are upset?

5) What is your child’s napping routine at home? How long does the nap usually last?

6) Does your child prefer to sleep on his back, side, or stomach?

7) What kinds of foods is your child eating? What are their favorites?

8) Does your child have any special diet, health concern, or allergies that we should know about? If so, what are they?

9) Do you foresee any challenges or difficulties for your child during the school day in the following areas: separation in the morning, nap time or eating?  
  
  
  
10) Do you have any questions or concerns about your child’s physical or emotional development?

11) We would love to know what your professions are and what kind of work you will do while your child is at school.

12) What are some family members (parents, siblings, grandparents, pets, etc.) names and what does your child call them?

13) What types of activities \*indoors or out\* does your child like to do?  
  
  
14) What are your child’s favorite songs, rhymes, and/or finger plays?

15) Does your child have a favorite book or toy? If so, what is it?

16) Are there any unique words or other languages your child uses that may be helpful for us to know so we may better understand them and support their emergent language skills?  
  
  
  
  
 17) Any other things you feel would be helpful/ important for us to know? Please use the space below and the back!

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