Welcome to Swift Child Care Centers

We are dedicated to thoroughly understanding your child's unique strengths and developmental needs. Completing this form will provide valuable insight into your child's personality, allowing us to support their growth and well-being effectively. Your contributions are essential to this process, and we are confident that we can make a significant impact together.

Name of Child: _____

Another name you call your child: _____

Would you like us to use this other name at school: _____

Mother's Name: _____

Father's Name: _____

Siblings:
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

Do all family members live at home? _____

Does anyone else live with your family? _____

Do you have any pets, and what kind are they, and their names:

_____

Child's Birthday: _____ Do you celebrate birthdays: _____

Would like to celebrate your child's birthday at school: _____

What holiday do you celebrate with your family:

_____

_____

_____

_____

Have any traumatic events in your child's life been upsetting?

_____

_____

How does your child respond to separation from family members?

_____

_____

What are your child's favorite activities, both indoors and outdoors?

_____

_____

_____

_____

How much screen time does your child get: _____

Does your child engage with other children? If so, who are they, and what are their ages?

_____

_____

_____

Does your child enjoy being read to? _____

What books does your child like the most?

_____

_____

What type of music does your child listen to?

_____

Does your child like playing with water?

Go without shoes: _____

Does your child like messy activities? _____ If so, what kind? _____

Does your child enjoy being alone? _____

Is your child often seeking attention from adults? _____

What food does your child enjoy?

_____

_____

_____

Does your child feed themselves? _____

Are they able to use utensils? _____

Are there any issues with mealtimes? _____

Does your child have any allergies?

_____

_____

_____

Is your child fully potty trained? _____

How often do they use the restroom accidents? _____

If NOT, what type of assistance will they need_____

Can your child indicate that they need to use the bathroom: _____

What words does your child use for urination and bowel movements?

_____

What time does your child go to bed? _____
Does your child share a room? _____ With whom? _____
What does your child take to be with them? _____
How long does your child sleep at night? _____
Does your child take naps? _____ For how long_____
Does your child have nightmares? _____
How do you address them? _____
How long does it take your child to fall asleep? _____
What frightens your child? _____

How do you discipline your child?

_____

_____

_____

How does your child respond?

_____

_____

_____

Describe your child's personality and abilities.

_____

_____

_____

Thank you for completing this questionnaire and sharing important information about your child and family. Your insights empower your child's teachers to understand them more deeply, paving the way for a smooth and successful start to their journey at SCC. We are thrilled to welcome you to the Swift Child Care Centers family and are excited to embark on this journey together.