

Child Care Survey

Child's Name: _____ Birth Date: _____

What are your child's favorites?

Songs _____

Books _____

Cartoons _____

Breakfast Food _____

Lunch Food _____

Snack Food _____

Games _____

Stuffed Animal _____

Outside Activity _____

Indoor Activity _____

Toys _____

What things does your child dislike? _____

If he/she has trouble falling asleep, what do you do? _____

What are they afraid of? _____

What else would you like to share about your child? _____
