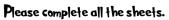








## QUESTIONNAIRE





	,,,,,,,		
8:38	Child's full name:		
C. V.	Child's full name:		
TT W	,	,	Samuel Street
	Mother's full name:		. '
	Father's full name:		
	V 11111 111 011 11 05 11 1		L
	Your child lives with:  Mother Father Step Mom Step Dad Other (please specify)  ***If applicable, please provide us with a clear schedule of custodial arrangements.		
	ir applicable, please provide as with a c	iedi scheddie of custodiai di rangements.	
	Address(es): Please indicate both Mother and Father addresses if they are different and where the child is living.		
	-Mother-	-Father-	
A BO			
	<del></del>		
	<del></del>		
	Home phone number(s):		
	·		
	Other than parents and siblings, is there a	nyone else living at home (please include pets)?	
	DAYTIME Phone numbers (Cell and/or Business):		7
	•		
	Mom	Dad	98,98865
	Empreoneu phono numbon (noighbour noigh	tivo plagga apacifis)	
	Emergency phone number (neighbour, relat	rive -pieuse speciry):	

	Email Address(es) PLEASE PRINT:	ΓΓ
	Mom:	
	Dad: Do both parents work?	
	Please indicate each parent's work and/or place of work:  Mother: Father:	Y_ "11
y	Child's Birthday:	
	Names and ages of sibling(s):	***
	Child's mother tongue (first spoken language):	
	Language(s) spoken by the child:	
	Language(s) spoken at home or around the child that he/she understands:	
7.5		
	Prior daycare experience (name of daycare, period of time spent there):	152
	Important medical (or personal) information (anything a classroom teacher should be aware of, e.g.: allergies, fears, etc.):	
	Has your child's <b>hearing</b> and <b>sight</b> been checked by specialists?	
	In the morning, your child will: Attend Kingsdale daycare Get dropped off	
	Arrive by bus Please indicate bus #	# T#
	At the end of the day, your child will: Attend Kingsdale daycare	
	Get picked up	

Take the bus\_\_\_\_\_ Please indicate bus ♯ \_\_\_\_\_

( je	کی
La 3	

Does your child still nap?	
If so, how long is his/her nap?	
What are your child's favourite activities?	3 244
What are your child's strengths?	~
What are your child's weaknesses?	
Is there anything else you would like to share with us to help us know your child better?	
Do you have any hobbies/talents that you would like to share with the class?	
Are you available to help in the classroom on a regular basis?	<b>6</b>
If yes, which days?	

THANK YOU VERY MUCH FOR TAKING THE TIME

## TO FILL OUT THIS QUESTIONNAIRE! IT IS MUCH APPRECIATED!!!







