



Ďumbierska 3G, 831 01 Bratislava

Questionnaire about the child

Dear parents,

We are very glad *that* you have decided *to* register your *child with* us in *littleBIG*. In order to get *to* know the child *better*, *fill out* the following questionnaire. We *look forward* to mutual cooperation and thank you in *advance* for the information provided (circle the selected option, mark it, or complete it).

Legal guardian of the child:
Name, surname and date
of birth of the child:

We are interested in (please tick):

Program: Full day (7:00 - 18:00) Half day (7:00 - 13:00)

Meals: Klasik NoMilk NoGluten NoNoNo

Expected date of enrolling in the kindergarten

Has your child attended a collective facility? yes - no (how long)

Does the child have an allergy? yes - no / if yes, what kind

If he/she has a food allergy, what he/she may not eat

Neurotic problems: urination, insomnia, nail biting, stuttering, etc. other (complete, circle)

Emotional difficulties of the child: crying, timidity, aggressiveness, defiance, difficult adaptability or other (fill in)

What is the child's vocabulary, how does he/she communicate with other people?
(it uses only interjections such as yummy, yummy, roar, ..., or simple sentences...)



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- How does the child establish contact with other children?

Self-care activities:

- Is the child independent in self-care (putting clothes, shoes on) yes-no
- Is he/she independent in hygiene habits (*hand-washing*, using the toilet) yes - no
- Does the child ask to go to the toilet independently? yes - no
- Does the child use a diaper while sleeping at home? yes - no
- Does the child sleep at home in the afternoon? yes - no

- Does your child have a bedtime ritual? (falls asleep with a toy, pacifier, adult...)

- When dining - can he/she eat independently? Does he/she use a spoon? yes - no
- Does he/she use all the cutlery ? yes - no
- Does he/she drink independently from a cup? yes - no
- Does he/she drink at home from a baby bottle? yes - no
- Favourite drink - tea, water, milk, cocoa, other

- Is the child a picky eater? yes - no
- Is there a meal that he/she refuses to eat? If so - why? (negative experience, allergy...)

- With whom does the child currently spend most of the time?

- What games and activities does he/she like to perform at home? (e.g. drawing, singing, reading, television programs, computers, building blocks, helping adults...)

- Is your child afraid of anything? (e.g. vacuum cleaner, insect, storm, loud noises)



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- Other notices, announcements to teachers that we should know about

- Are you interested in any of the forms of cooperation with the kindergarten? (mark, complete) - sports events, temporary help, help with classroom activities, sewing, handicrafts...

- Feel free to describe your child's personality in a few sentences, his/her strengths, what he/she likes to do at home, how you spend your free time together, etc.

- What are your expectations from littleBIG, what would you like your child to learn, what could he/she improve in...

The whole littleBIG team thanks you for your cooperation and information provided. By attaching your signature you also give your consent to its processing, exclusively for internal needs of the kindergarten.

Date:

Signature of the legal guardian: