Family Questionnaire

Getting to Know Your Baby and Family

We are excited to partner with you in caring for your baby and supporting their early development. Please take a few minutes to tell us more about your child and home life. Share only what you're comfortable with. Your insights help us care for your baby with love and consistency.

Baby's Full Name: _____

Nickname: _____

Family & Home Life

1. How many homes does your child spend time in regularly? Please describe their weekly schedule across homes if applicable.

2. Who lives at home with your baby? Please include any special names for parents/caregivers (Mama, Baba, Nana, etc.).

3. Does your child have siblings?
   Name(s) and age(s): _____

   _____

4. What language(s) are spoken in your home?
   Primary language _____

   Other languages _____

experience EARLY LEARNING

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Care Routines & Preferences

1. How does your baby usually sleep? For example, how and where they fall asleep or how long they tend to nap.

   Nap routine: _____

   Sleep associations or comfort items: _____

2. How is your baby currently fed? (Breastfeeding, bottle, solids, etc.) _____

   What is their feeding schedule or routine? _____

3. Are there any allergies, dietary needs or feeding concerns we should know about?

4. Does your baby have any comfort items, routines or calming techniques that help during transitions or distress?

5. What are your baby's favorite activities or ways to play? (e.g., tummy time, music, books, toys, singing, walks):

6. Are there any family traditions, holidays, or cultural practices that are important to your family?

7. Are there any observances, holidays or school activities your family does not participate in or would like to opt out of?

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Strengths, Challenges & Hopes

1. What makes your baby feel most secure or happy?

2. Are there certain situations that your baby finds challenging (e.g., loud sounds, new people, separation)? How do you typically comfort or support them during these situations?

3. What are your hopes for your baby's experience in our infant classroom?

4. Do you have any concerns or questions?

Communication & Connection

1. What is your preferred method of communication? (brightwheel app, email, text, phone) Are there times of day that work best for communication?

2. How can we best support your family and help you feel connected to our classroom community?

3. Is there anything else you'd like us to know about your baby or family? (e.g., recent changes, health concerns, preferences, routines, family traditions)

Thank you!

We feel honored to be part of your baby's early days. Please reach out anytime—we look forward to building a strong relationship with your family!