Honolulu Waldorf School

Early Childhood Parent Questionnaire

Child's Full Name: _____ Applying for: _____

1. Briefly describe your child's birth experience, general health, any major illnesses, allergies.

   _____

   _____

   _____

2. Does your child need extra support with toileting? _____ Yes _____ No
3. What language is spoken in the home? _____

   What language/s does the child speak? _____
4. Describe your child's bed time routine:_____

   _____

   _____

   Goes to bed at: _____ Wakes up at: _____

   Does your child sleep through the night? _____ Yes _____ No
5. Does your child nap? _____ Yes _____ No

   If yes, how many times per week: _____ Length of nap: _____
6. What are your rules on media use for your child?

   _____

   _____

   _____

   Watches TV, Videos, DVDs: _____ hours/day, _____ days/week, time of day: _____
7. What are your rules on computer use for your child?

   _____

   _____

   _____

   Uses Computer: _____ hours/day, _____ days/week, time of day: _____

_____ _____ _____

Parent/Guardian Name (PRINT) Parent/Guardian Signature Date

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