

Great Beginnings Enrollment Questionnaire

Date _____

Child's Name _____ Birthday _____

What types of activities does your child enjoy at home?

What are some of your child's strengths?

Do you presently have any concerns about your child that you would like to discuss?

What developmental tasks is your child currently working on?

Does your child have any special comfort items?

Please tell us about your child's naptime and bedtime routines.

Have there been any transitions or changes at home that may be affecting your child's behavior?

What learning and growth goals do you have for your child (short-term and/or long-term)?

Please list any other topics or questions you may have that will help your child make a smooth transition into Great Beginnings.
