



## **Adaptation Questionnaire Kaštánkov Early Childhood Centre**

Please fill out this questionnaire to help us get to know your child better and make their transition into the Kaštánkov smoother.

### **1. Basic Information**

- Child's full name:
- Nickname:
  
- Date of birth:
- Parent / legal guardian's name:
  
- Phone number and email:
  
- Emergency contact person:

### **2. Child's Health**

- Allergies:
- Medications the child takes regularly:
  
- Special needs / health limitations:

### **3. Nutrition**



- Favorite foods:
- Foods the child refuses:
- Food allergies or intolerances:
- Eating habits:       eats independently       needs assistance

#### 4. Sleep and Rest

- Usual nap time and duration:
- Favorite bedtime ritual (song, story, stuffed animal, blanket...):
- Pacifier for falling asleep:     yes       no

#### 5. Hygiene

- Uses diapers:       yes       no
- Uses potty / toilet:     yes       with assistance       no
- Specifics regarding diapering or hygiene:

#### 6. Communication and Behavior

- How does the child express needs (hunger, thirst, tiredness)?

- First words / vocabulary:
  
- Responds to instructions:     yes             sometimes             with difficulty
- Reaction to new environments and unfamiliar people:
  
  
- What usually calms the child when sad or upset?

## 7. Play and Interests

- Favorite toys and activities:
  
- Activities the child dislikes or finds frustrating:
  
  
- Favorite songs or rhymes:

## 8. Cooperation with Family

- What is most important to you during the adaptation process?
  
  
- Do you have any wishes or recommendations for caregivers?

9. Space for any additional information you'd like to share that wasn't covered in the questionnaire:

Parent's signature: .....

Date completed: .....