



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: