

Little Paws Children's Centre

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3-5 Years Program Questionnaire

Welcome to Little Paws Children's Centre 3-5 Years Program. Please answer the following Questions to help us get to know your child better.

Child's Name: _____

Date of Birth: _____

1. Describe your child's general health (e.g. ear infections, asthma, stomach-aches, skin conditions etc.):

2. If your child is taking any medication, what medication and what is it for:

3. Is your child able to participate fully in all the program activities?

4. Do you have any concerns regarding any areas of your child's development?

5. Diet Restrictions or sensitivities (culture, religious, health or preference)

6. Describe your child's appetite

7. Is there anything else that you would like us to know that will help us care for your child?

Thank you for completing this questionnaire, we look forward to providing quality care to your child and working with you as a team.