



(616) 550-4862

littlebubbledaycaremd@gmail.com

www.littlebubblechildcare.com

22910 Chestnut Rd,

Lexington Park, MD 20653

License # 259463

Application Questionnaire

Thank you for your interest in applying to our Program! This questionnaire is designed to aide in the interview process by getting to know your family.

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

Preferred Schedule: ☐M ☐T ☐W ☐TH ☐F ☐S Arrival: ____ : ____ Departure: ____ : ____

Directions: Please answer the following completely. Then, email this form to us.

1. How long will you need child care?

2. What are your expectations for your child's educator?

3. Has your child been to another child care? If so, please answer 3a., 3b., and 3c. If not, continue to question 4. ☐Yes ☐No

a. How did your child adjust to the child care?

b. How long did your child attend the child care?



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c. What did you like or dislike about your previous child care experience?

4. When your child is upset, how does he/she respond and react?

5. When your child is demonstrating challenging behaviors, how does the household handle it?

6. How would you describe your parenting style?

7. Do you have any concerns or questions for us?
