

## PRESCHOOLER QUESTIONNAIRE

Parents - please (circle one) Three Year Old (2-day) Three Year Old (3-day) Four Year Old (3-day) Four Year Old (5-day)	(circle one) <div style="text-align: center; margin-top: 10px;">AM</div> <div style="text-align: center; margin-top: 10px;">PM</div>
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PARENTS, please complete:

No Known Allergies

Yes, \_\_\_\_\_

\_\_\_\_\_

Dear Preschool Parent,

**Please complete two boxes above- thank you!** *Let us get to know your child better before classes begin! Please return this questionnaire along with your Health Forms I and II and Emergency Contact Cards by August 14<sup>th</sup>. Thank you for your timely attention!*

Child's First and Last Name \_\_\_\_\_ Nickname \_\_\_\_\_ Sex  M  F DOB \_\_\_\_\_

Street, Town, and Zip \_\_\_\_\_

Mother's First and Last Name \_\_\_\_\_ Occupation \_\_\_\_\_

Company Name & Address \_\_\_\_\_

Father's First and Last Name \_\_\_\_\_ Occupation \_\_\_\_\_

Company Name & Address \_\_\_\_\_

Does your child live with:  Both Parents  One Parent  Other Whom? \_\_\_\_\_

Sibling Name(s)	Sibling DOB(s)
_____	_____
_____	_____
_____	_____
_____	_____

In addition to parent(s), with which adult does child spend the most time? \_\_\_\_\_

If both parents work outside the home, who cares for the child? Name \_\_\_\_\_ Relationship \_\_\_\_\_

Who is responsible for bringing the child to/from school? To \_\_\_\_\_ From \_\_\_\_\_

Does your child understand and/or speak another language(s)?  No  Yes Language \_\_\_\_\_

Does your child know any of the child(re) at the preschool? If so, please name \_\_\_\_\_

Family's religious affiliation? \_\_\_\_\_ Church Name \_\_\_\_\_ Church Town/City \_\_\_\_\_

Child Baptismal Date: \_\_\_\_\_ Church Name \_\_\_\_\_ Church Town/City \_\_\_\_\_

Which religious holidays are celebrated in your home? \_\_\_\_\_

**PLAY INFORMATION**

Type of play enjoyed most: \_\_\_\_\_

Favorite toys: \_\_\_\_\_

Amount of time per day that you read to your child? \_\_\_\_\_ Amount of time per day that you spend outside in play? \_\_\_\_\_

Amount of time per day your child spends in front of a screen including home and car (TV, Video Games, Ipads, etc...)? \_\_\_\_\_

Who does your child usually play with? (alone, one/many friends, younger/older/same age children, siblings/cousins. adults) \_\_\_\_\_

How does your child play / get along with other children? \_\_\_\_\_

How does your child get along with other adults or teachers? \_\_\_\_\_

What are your child's responsibilities at home? \_\_\_\_\_

( Please complete reverse side of form→)

**PHYSICAL BACKGROUND AND DEVELOPMENT**

Does your child have any allergies to food, medication, environment? Please indicate if the reaction is **MILD** or **SEVERE** and describe specific symptoms your child experiences when suffering an allergy attack. \_\_\_\_\_

List any important health information (physical disabilities, chronic/debilitating illness (diabetes, asthma, etc.) activity limitations, etc.) \_\_\_\_\_

Do you feel your child has any speech difficulties or delays? Please explain \_\_\_\_\_

Do you feel your child has any hearing difficulties? Please explain \_\_\_\_\_

Is your child toilet trained fully? \_\_\_ Yes \_\_\_ No If no, please describe your child’s toilet training progress? Please describe \_\_\_\_\_

Serious illnesses, operations, accidents or hospital experiences? Dates \_\_\_\_\_

Do you have any concerns about your child’s health/development? If yes, please explain: \_\_\_\_\_

What fears does your child have? \_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

How does your child react to controls and correction? \_\_\_\_\_

Who does most of the disciplining? \_\_\_\_\_

Any situations at home that we should know about? (e.g. illness, death, marital stress, loss of job, new house, pregnancy, birth, etc.) \_\_\_\_\_

**PREVIOUS SCHOOL EXPERIENCES**

Has your child attended or attends another preschool, day care center/private home, or special play group? \_\_\_ No \_\_\_ Yes

Name \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

**OTHER INFORMATION**

What do you hope your child will learn this year? \_\_\_\_\_

How does your child feel about going to school? \_\_\_\_\_

How do you think your child will adjust to the preschool? \_\_\_\_\_

Which elementary school will your child attend if you remain in the area? \_\_\_\_\_

I allow mine and my child’s name, home address, telephone number and email address to be included on my child’s classroom FRIENDSHIP LIST. This FRIENDSHIP LIST will only be distributed those families in your child’s class.

\_\_\_\_\_  
**Parent’s Signature**

\_\_\_\_\_  
**Date**

**ONLY for 3 Year Old Program students:** I give permission for my child to go on the walking field trip to/from King Kullen in May/June with the class.

\_\_\_\_\_  
**Parent’s Signature**

\_\_\_\_\_  
**Date**

**ONLY for 4 Year Old Program students:** I give permission for my child to go on the walking field trip to/from the firehouse in May/June with the class.

\_\_\_\_\_  
**Parent’s Signature**

\_\_\_\_\_  
**Date**

**Thank you for taking the time to complete this questionnaire. Together, we will make this a great year for your child!**