

Pre-school Questionnaire

Child's Name: _____ circle: male female

What do you want your child to be called at school? _____

Child's Date of Birth ___/___/___

Child Lives with _____

Mother's Name _____

Father's Name _____

Language(s) spoken at home: _____

People authorized to take child home from school:

_____ relation: _____

_____ relation: _____

_____ relation: _____

Are there any allergies or special medical history?

Who is in your family? Please list names and relation to child. Include ages of siblings please.

Have there been any recent changes to your family that would affect your child?

Does your child have previous group experience? Where?

What activities does your child enjoy/what are your child's interests?

One word to describe your child:

Does your child take a nap? If so, how long?

How will your child let us know that he/she needs to go to the bathroom?

When your child is sad/upset, how do they like being comforted?

Is there anything else you would like us to know about your child?

(Time Out)