

# PRE-KINDERGARTEN QUESTIONNAIRE

**Child's Name** \_\_\_\_\_ **Name Child Goes By** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Birthdate** \_\_\_\_\_ **Parent Names** \_\_\_\_\_

**Placement in Morning or Afternoon session is done carefully to balance the classes according to many factors. We cannot guarantee a session. However, you may indicate a preference if there are special circumstances.**

\_\_\_\_\_ Morning (8:30-11:50)    \_\_\_\_\_ Afternoon (11:50-3:10)    \_\_\_\_\_ No Preference

If you indicated a preference, please explain the special circumstances:

**Did your child attend pre-school?** \_\_\_\_\_ **When:** \_\_\_\_\_

**Where:** \_\_\_\_\_

**Are there any medical conditions or health issues we should know about?**

(Past/present: glasses, allergies, ear infections, hospitalizations, etc.)

**How many other children are there in the family?** Name and ages:

**Is English the primary language spoken in your home?** \_\_\_\_\_

Other languages spoken by parent(s) \_\_\_\_\_ by child \_\_\_\_\_

**Are there any major changes at home at this time or anticipated in the coming months?**

Please continue on reverse side if additional space is needed.

**Thank you for this information. It will help us get to know your child better.**