

**The Learning Nest
Preschool**



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Issaquah, WA 98027

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Family Questionnaire:

Please help us to get to know you and your child. We look forward to creating a collaborative relationship and working together to ensure that your child reaches his/her fullest potential.

Child name: _____

Nickname: _____

Please list all members of your family:

Are there any other spoken languages at home other than English?

What holidays would you like to share with your child's class?

What are your child's interests?

What kind of activities do your child likes to do at home?

Does your child nap or rest in the afternoon? If yes, for how long?

Is your child potty trained, including dry at night? If not, what strategies are being used at home?

Please share some of the qualities you enjoy the most about your child:

Please share any information regarding development or behavioral concerns:

Has your child had school experience before? If yes, please describe special likes or dislikes she/he has about school:

How do you want to participate in your child's preschool experience? (Reading, talent to share, celebrations, preparation of materials, volunteering):

Is there anything else you would like to share about your child that you think might be helpful for the teachers to know?

What do you hope will be the major outcomes from your child's school experience this year?

Additional comments or concerns:
