

West Side Family Preschool Parent Questionnaire

63 W 92nd Street

New York, NY, 10025

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Website: Westsidefamilypreschool.com

Year 2025-2026

Thank you for your interest in our daycare! Please fill out the following information to help us understand your childcare needs and learn more about your child.

Parent(s)/Guardian(s) Information

1. Full Name: _____

2. Phone Number: _____

3. Email Address: _____

Child's Information

1. Full Name: _____

2. Date of Birth: _____

3. Child's Preferred Name or Nickname: _____

4. Has your child previously been enrolled in another program? [] YES [] NO

If yes, what school did they attend, and how was their experience?

How did you hear about us?

Enrollment Timing

1. When would you like your child to start?
2. As soon as possible
3. Fall (starts September 4th)
4. Summer program (June 25th-August 20th)
5. Specific month: _____

Preferred Schedule

1. Which days of the week do you need care? (Check all that apply.)

Monday

Tuesday

Wednesday

Thursday

Friday

2. What are your preferred drop-off and pick-up times?

Drop-off Time: _____ AM

Pick-up Time: _____ PM

(Our regular hours are 8:00 AM to 6:00 PM) [*Please review our fee schedule and our daily schedule](#)

Additional Information

1. Does your child have any allergies, medical conditions, or dietary restrictions?

Yes

No

If yes, please describe:

2. Does your child have any special needs, routines, or accommodations we should be aware of?

Yes

No

If yes, please explain:

3. Anything else you'd like us to know about your child or your family's needs?

***If your child has a sibling attending a nearby school, we offer an after-school program. Additionally, if your child's sibling's school is closed on a day we remain open, we provide a backup program. Would you be interested in enrolling your child's sibling in either our afterschool or backup program?

Yes

No

If so, which program are you interested in enrolling your child's sibling in?

Afterschool

Backup