

West Side Family Preschool Parent Questionnaire

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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 10th, 2026)
4. ☐ Summer program (June 25th-August 21st, 2026)
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