

## West Side Family Preschool Parent Questionnaire

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**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/Guardian 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?

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### Enrollment Timing:

1. What program are you interested in applying for?

☐ Preschool ☐ Afterschool ☐ Backup

2. Which of the following schedules are you interested in?

☐ Part time ☐ Full time

3. When would you like your child to start?

☐ As soon as possible ☐ Fall (starts September 4<sup>th</sup>) ☐ Summer program (June 26<sup>th</sup>-August 21<sup>st</sup>)

☐ 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:

\_\_\_\_\_

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

\_\_\_\_\_  
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