



# MY SCHOOL PRESCHOOL STUDENT QUESTIONNAIRE

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Class: \_\_\_ T/TH-AM (3/4 yr. old) \_\_\_ 3 Day Pre-K AM (4/5 yr.old) \_\_\_ 4 Day Pre-K (5 yrs.old)  
\_\_\_ T/TH-PM (3/4 yr. old) \_\_\_ 3 Day Pre-K PM (4/5 yr.old)

Name to be used in school : \_\_\_\_\_

Name you would like your child to write: (ie: If your child's name is Jacob do you want them to write Jacob or Jake?)

\_\_\_\_\_

Siblings: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child prefer to do things independently and try new things? \_\_\_\_\_

\_\_\_\_\_

Are there any hobbies, special interests or activities your child is interested in?

\_\_\_\_\_

\_\_\_\_\_

Describe your child's peer relationships: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Give any helpful information about daily routines (naps, activities, etc.):

\_\_\_\_\_

\_\_\_\_\_

Who takes care of your child besides the parents? \_\_\_\_\_

Please list any fears your child may have (ie: thunder, the dark, characters):

\_\_\_\_\_

\_\_\_\_\_

At what age did your child begin and complete potty training? \_\_\_\_\_

**\*\*Note: all children must be fully potty trained by the first day of school (no pull ups or diapers).**

Why did you choose My School Preschool? \_\_\_\_\_

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What expectations/goals do you have for your child in sending him/her to My School Preschool?

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Please list your child's preschool or daycare experience:

Name of facility

Starting/ending date

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Do you have any concerns about your child? Please state any special service (ie: speech, OT, PT, etc.) that your child is currently receiving. \_\_\_\_\_

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In the space below, please provide any additional information you may want to share with his/her teacher: \_\_\_\_\_

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_