



MY SCHOOL PRESCHOOL STUDENT QUESTIONNAIRE

Child's Name: _____ Birthdate: _____ Age: _____

Class: ___ T/TH-AM (3/4 years of age) ___ 3 Day Pre-K AM (4/5 year olds)

 ___ T/TH-PM (3/4 years of age) ___ 3 Day Pre-K PM (4/5 yr.old)

 ___ 4 Day Transitional Kindergarten (5 year olds)

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: _____

Things we should know to help us plan the best year for your child:

(ie separation anxiety, physical limitations, academic awareness, social or emotional concerns, custody issues or court orders)?

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

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? _____

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

Please list your child's preschool or daycare experience:

Name of facility

Starting/ending date

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

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

Parent Signature: _____ Date: _____