

St. Ann School – Kaneohe, Hawaii
Kindergarten Registration Parent Questionnaire

Note to Parents: Your responses to this questionnaire will help us to learn more about your child. Please complete each item and return it with your completed application form. There are no “right” or “wrong” answers to the questions. Please feel free to attach an additional sheet of paper if you wish.

Child’s Name: _____ Date of Birth: _____

Name & Relationship of Person Completing Questionnaire: _____

Phone Number: _____ Email: _____

Additional information for young children who may not have a school “track record” helps us learn more about the applicant. Please complete the following survey to familiarize us with your child’s individual needs.

Personal Information

1. Has your child attended any kind of pre-kindergarten, nursery school, or preschool? Yes No

If yes, please provide the following information:

Name of School: _____

School Address: _____

Telephone Number: _____ Teacher’s Name: _____

Dates Attended / / to / /
mm dd yyyy mm dd yyyy

2. When was the last time you moved? _____

3. How often have you moved in the last three years? _____

4. Have any of the following occurred?

Parents separated or divorced Yes No

A death or major loss Yes No

Other major events that may have upset the child (please specify): _____

5. Does your child speak more than one language? Yes No

If yes, which one? _____

If bilingual, is your child proficient in English? Yes No

6. Does your child speak clearly? Yes No

If no, please describe: _____

Health Information

1. Please describe any medical problems your child may have:

Allergies: _____

Attention: _____

Hearing: _____

Vision: _____

Speech: _____

Physical Handicap: _____

Anxieties: _____

Family History of Learning Difficulties: _____

Toileting: _____

Sleep (crying, restlessness, nightmares): _____

Hyperactivity: _____

Other: _____

2. Has your child received any special needs services from a professional for any of the above areas (e.g. Occupational Therapist, Physical Therapist, Speech/Hearing Therapist, Counselor, etc.)? _____

3. Can your child go to the bathroom independently? Yes No

4. Does your child have toilet accidents frequently? Yes No

Behavior

1. Can your child sit and listen to an entire story? Yes No

2. Does your child have temper tantrums? Yes No

3. Is your child aggressive? Yes No

4. Does your child cry easily? Yes No

5. My child plays mostly with... (Check all that apply):

Blocks Dolls Cars Coloring Books Tools
Books Puzzles Crayons/Pencils Other: _____

6. What is your child able to do academically? (Check all that apply)

Count up to _____ Recite the Alphabet Write Name

Recognize letters: Few Some Most All

Know some sounds of letters

Other: _____

7. What are your child's strengths? _____

8. What are your child's challenge areas? _____

9. Please describe how your child reacts to separation from you. _____

10. Please describe how your child reacts to new people and new situations. _____

11. Please describe what situations produce anxiety, disappointment or frustration for your child. _____

12. Please describe the rules or limits you set for your child at home, and the strategies you use to enforce those rules or limits. _____

13. Please describe how your child plays or interacts with other children. _____

14. Please describe why you think your child is ready to attend Kindergarten at St. Ann School. _____

15. Please describe how your child feels about coming to school. _____

16. Are you concerned about your child for any reason? _____

17. What other information would you like to share about your child? _____

