Preschool Parent Questionnaire

Please take a few moments to fill in this form to help

me get to know your child better. Thank you!

Child’s name (as he/she will be called at school) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_

Parent’s names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are there any allergies or medical issues I should be aware of?
2. Is your child afraid of anything?
3. Does your child have special interests? If so what?
4. Please list the names, ages and birthdates of your child`s brothers and sisters.

 5. Is there anything you`d like to tell me about your child?