



Parent Questionnaire

Child's Name/Birth Date _____

Parent(s)/Guardian(s) name _____

Parent(s) Email _____

Name you would like your child to be called and learn to recognize/write:

Names and ages of siblings: _____

Does your child have any vision or hearing concerns that we could help accommodate?

Yes No If yes, please explain. _____

Is your child allergic to any food item (s)? _____

Is your child allergic to bees or are you aware of any other allergies? _____

Does your child have any special interests? _____

What is your child's favorite color? _____

Is there anything not covered that you would like us to know about your child?

Is there a determined hand preference (left or right)? _____

Are you a member of Faith Lutheran Church? _____

If no, what is your church affiliation? _____

Volunteer Information

Would you like to or does your schedule permit you to help in the classroom? Yes No

Do you have a skill, hobby, or occupation that you might be willing to share with the class? If so, please explain. _____