



2024-2025 PreK Parent Questionnaire

All information given is kept confidential. This questionnaire is used to make your child comfortable and to help us accommodate your child in every way possible and to get to know him or her better. We appreciate your time completing this form. Please complete and return this questionnaire as soon as possible. This form is required in order to complete the registration and enrollment process.

Date _____

Child's Name _____

Child's Preferred Name _____

Child's Date of Birth _____

Were there any special circumstances surrounding your child's birth such as premature birth, early trauma, adoption, prolonged hospitalization, etc.? If yes please describe:

Child's age when he/she first walked _____

Child's age when completely toilet trained during day hours? _____ Overnight? _____

What time does your child go to bed at night?

What time does your child get up in the morning?

Does your child have any allergies or sensitivities? If yes, describe fully:

Does your child currently or has your child ever had special issues with speech, vision, hearing, eating and/or health?



List any fears your child has:

Does your child have any special attachments such as a blanket, thumb, or stuffed animal?

How does your child relate to other children?

How does your child relate to adults?

List the types (if any) of childcare settings your child has been in?

What is your child's reaction to new situations?

Describe your child's favorite learning and play activity at home:

Does your child take naps at home or in their childcare setting? If yes, please indicate the time, how long, and setting.



Please describe how your family handles behavioral issues:

What is the greatest behavioral issue you have at home with your child?

What are your child's strengths?

What are your child's challenges?

Do you foresee dropping off late or picking up early on school days? If yes, please indicate the days and times. (We highly recommend that students are here for the entire school day on time and until dismissal. There is no tuition reduction for late drop off and/or early pick up.)

Yes **No**

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| ___ | ___ | Does your child choose his/her own clothes to wear? |
| ___ | ___ | Does your child dress him/herself? |
| ___ | ___ | Does your child go to the bathroom alone? |
| ___ | ___ | Does your child have his/her own bedroom? |
| ___ | ___ | Does your child clean his/her own room? |
| ___ | ___ | Does your child go to bed easily? |
