

**CHRIST EPISCOPAL SCHOOL**  
**2017-2018 Preschool Parent Questionnaire**

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

PARENT/GUARDIAN 1 NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_

PARENT/GUARDIAN 2 NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_

CHILD LIVES WITH \_\_\_\_\_ CARE GIVER'S NAME \_\_\_\_\_

SIBLINGS' NAMES & AGES \_\_\_\_\_

CHILD'S NICKNAME \_\_\_\_\_ PETS \_\_\_\_\_

WHAT LANGUAGES ARE SPOKEN IN THE HOME? \_\_\_\_\_

WHAT MAJOR HOLIDAYS DOES YOUR FAMILY CELEBRATE? \_\_\_\_\_

WHAT ACTIVITIES DO YOU THINK YOUR CHILD WILL ESPECIALLY ENJOY IN PRESCHOOL?

PLEASE BRIEFLY DESCRIBE YOUR CHILD'S PERSONALITY, LIKES AND DISLIKES.

DOES YOUR CHILD HAVE ANY SIGNIFICANT BIRTH HISTORY INFORMATION?

HAS YOUR CHILD EVER BEEN TESTED OR DIAGNOSED WITH ANY SPECIAL NEEDS?

WHAT ARE YOUR EXPECTATIONS FOR YOUR CHILD'S PRESCHOOL EXPERIENCE?

WILL YOUR CHILD BE STAYING REGULARLY FOR EXTENDED DAY? \_\_\_\_\_

PLEASE CHECK ANY THAT APPLY TO YOUR CHILD:

FOOD ALLERGIES \_\_\_\_\_ SPECIFY \_\_\_\_\_

SPECIAL FEARS \_\_\_\_\_ SPECIFY \_\_\_\_\_

MEDICATION TO BE GIVEN AT SCHOOL ON A REGULAR BASIS \_\_\_\_\_

PHYSICAL, EMOTIONAL OR DEVELOPMENTAL CONCERNS?

**PLEASE RETURN THIS FORM BY MONDAY, AUGUST 21<sup>st</sup>, ATTN: PRESCHOOL**