

# Parent Questionnaire

Name of Child: \_\_\_\_\_

Class: 3AM 4AM

At school I would like my child to be addressed as: \_\_\_\_\_

Siblings and their ages: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Pets and their names: \_\_\_\_\_

Do you have any special talents, hobbies, or resources that you would be willing to donate or share with the school (i.e. dental hygienist, aerobics teacher, pottery, etc...?)

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What are your expectations of your child's year in preschool (what do you expect your child to accomplish?)

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Has your child had any preschool experiences? \_\_\_\_\_

Is there anything else that would be helpful to know about your child (physical limitations, fears, extreme dislikes, recent changes in child's life, etc.?)

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*Thank you very much for taking the time to fill out this questionnaire. It will be very helpful in getting to know your child. If, during the course of the year, anything should come up that will affect your child, please let the teacher know as soon as possible. We, as adults, take many things for granted and can brush things off, whereas a child may feel something very deeply and worry about it. They usually cannot comprehend or handle many situations the way adults can. Things that should be brought to the teacher's attention immediately are event like a birth of a sibling, illness in the family, death of a relative or pet, etc. Your cooperation is greatly appreciated.*