KINDERGARTEN PARENT QUESTIONNAIRE

Child’s Full Name ___________________________________________________________________________________________
(First)     (Middle)     (Last)
Address ___________________________________________________________________________________________________
Phone No. ______________________________________________ Birth date ___________________________________________________________________________________________

Other Children in the Family Age Grade/School
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

SOCIAL EXPERIENCES

1. Has your child attended pre-school? If yes, how long?
What pre-school has your child attended?
2. Has your child attended the Sunday Pre-School Program? If yes, how long?
3. Does your child attend church with you?
4. Please check the places your child has visited:
   - library
   - farm
   - factory
   - mountains
   - country fair
   - ocean
   - museum
   - airport
   - downtown
   - zoo
5. Where has your child traveled?

DEVELOPMENT

1. Does your child have any health problems the school should be aware of? If yes, what problems?
   Please explain.

(Please see OVER)
Does your child have any food allergies? 

At what age did your child walk alone? _______ Feed self? _______ Talk in sentences? _______

Is your child right-handed or left-handed? 

Does your child dress himself/herself? 

Please check what your child can do:
- □ button
- □ tie shoes
- □ snap
- □ zip
- □ lace shoes

Is your child able to skip? 

Is your child able to write his/her first name? 

Is your child aware of dangers such as fire? _______ electricity? _______ traffic? _______ strangers? _______

How do you discipline your child? 

How do you expect your child to be disciplined in school? 

Can your child take care of his/her toilet needs? 

Does your child wet the bed? _______ Never _______ Occasionally _______ Rarely

Check the characteristics that apply to your child:
- □ Cries easily
- □ Whines
- □ Sulks
- □ Jealous
- □ Temper Tantrums
- □ Fearful in new situations
- □ Destructive
- □ Daydreams
- □ Eating problems
- □ Bites nails
- □ Easily Angered
- □ Sucks thumb
- □ Does not like to share
- □ Sleeping problems
- □ None of these

Describe your child 

What is your child’s strength? 

What is your child’s weakness? 

What is your child’s bedtime? 

How many hours of sleep does your child get each night? 

Does your child take a nap? _______ If yes, for how long? 

SCHOOL ADJUSTMENT

Is your child able to sit still and listen to a story for 5 – 10 minutes? 

Does your child listen without interrupting while someone else talks? 

Is your child able to share and take turns? 

Does your child know his/her telephone number? 

Does your child know his/her home address? 

What do you expect your child to acquire through the Kindergarten experience? 

What language/s is spoken at your home? 

What would you like your child to learn concerning his/her religion? 

What else would you like your child’s teacher to know about your child? 

BEFORE AND AFTER SCHOOL CARE

Do you plan to enroll your child in the Morning Extended Day Care? _____ Arrival Time _______

Do you plan to enroll your child in the After School Extended Day Care? _____ Pick-up Time _______
Why do you want your child in a parochial school?

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

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__________________________________________________________________________________________________________________________________________________

Our philosophy is that the parents are the primary educators of their children. They reflect some of the values of the school which you would be expected to share. Please initial the following statements.

1. I will strive to witness my faith by my Christian behavior, attendance at church and help my child form Christian values. 
   

   FATHER       MOTHER

   _______       _______

2. I will teach my child that choices have consequences and help him/her to grow in self-discipline.
   

   FATHER       MOTHER

   _______       _______

3. I will support the school policies and regulations.

   FATHER       MOTHER

   _______       _______

Each year, we have more applicants than we can accommodate. Please understand that we often turn away children and families we would love to take.

Thank you for your understanding and may God bless you.