



PreSchool Questionnaire (1 of 2)

CHILD'S NAME _____ NICKNAME _____

CHILD'S RELIGION _____ DATE OF BIRTH _____

ADDRESS _____

MOTHER'S NAME _____ FATHER'S NAME _____

MOTHER'S PHONE _____ FATHER'S PHONE _____

MOTHER'S RELIGION _____ FATHER'S RELIGION _____

1. Does your child have any siblings? Yes No
Siblings' names and ages:

2. Does your child have neighborhood and/or extended family playmates? Yes No
Playmates' names:

3. Does your child have any pets? Yes No
Name and type of pets:

4. Has your child attended a preschool, story time or play group? Yes No
Name and place of program:

5. Child's term/expression for need to go to the bathroom: (ex: "I have to go potty.")

6. How frequently do you read to your child?

7. Does your child use any of these frequently at home?

PLAYDOUGH _____ SCISSORS _____ GLUE STICK _____ CRAYONS _____ MARKERS _____





PreSchool Questionnaire (2 of 2)

- 8. My child is:
RIGHT-HANDED _____ LEFT-HANDED _____ AMBIDEXTROUS _____
- 9. What are your child's favorite things/games to play at home?

- 10. Do you pray with your child? YES No
- 11. Is English the primary language at home? YES No
- 12. Does your child speak in full and complete sentences? YES No
- 13. Does your child have difficulty walking up and down steps? YES No
- 14. Does your child have any fears of which we should know? YES No

- 15. Are there any speech/hearing/vision problems we should be aware of within your family?

- 16. Does your child have a handicap or special need? YES No

- 17. Are there any other physical limitations your child may have? YES No

- 18. Does your child have any behavior difficulties? YES No

- 19. Method of discipline used at home.

- 20. Are there any dietary restrictions/allergies we should be aware of?

- 21. Do you have an occupation/hobby/pastime that you would be willing to share with our children?

- 22. Do you have any additional information about your child that you think might be helpful to us?

Thank you for your help in preparing us to care for your child.

