

Preschool Registration Parent Questionnaire

In order to become better acquainted with your child,
We ask that you complete the following questionnaire.
Thank you for your help.

Child's Name _____

Are you interested in St. Paul's Full - time Daycare? _____ Yes _____ No

Background Information:

Names and ages of other children in the home:

1. _____

2. _____

3. _____

4. _____

Languages spoken in the home:

1. _____

2. _____

Has your child ever been in childcare, cared for by other family members/friends, or had previous play/preschool experiences? Is so, please describe.

Health and Development

How would you describe your child's health? (recurring colds, ear infections, etc.)

_____Exceptional _____Good _____Often ill *

*Explain _____

Does your child have any allergies or Intolerance? No___ Yes (list)_____

If yes, please explain reaction/treatment needed: _____

Describe any difficulties or serious illnesses at birth.

Has your child ever received any Early Childhood Special Education Services? (If yes, please describe) _____Yes _____No

Does your child currently have any medical concerns that we should be aware of? (If yes, please explain)

_____Yes _____No

How far has your child progressed in potty training?

Describe your child's particular attachments. (blanket, toy, etc.)

Describe any particular fears your child has shown. (animals, loud noises, etc)

Describe how your child reacts to new or stressful situations.

Preference for Class in the 2016 -2017 School Year:
(please check one)

- Three-year-old M/W
- Three-year-old T/TH
- Four-year-old AM
- Four-year-old PM
- Transitional Kindergarten