

Pre-Primary School

Parent Questionnaire

To be completed by a parent/guardian

This form is provided to give you the opportunity to tell us about your child.
Please answer the questions below and feel free to include additional information.

Candidate's name _____ Nickname _____ Female Male

Candidate's birth date _____ Candidate for Early Learners Preschool Prekindergarten Outdoor Pre-Primary

Schools attended by your child for up to the past four years:

School _____ Location _____ Dates Attended _____

School _____ Location _____ Dates Attended _____

Briefly describe the members of your family. What do you like to do together?

Describe any past or present health issues for your child (including allergies, eating issues, etc.).

Describe any early experiences and frequency your child has had interacting or playing with peers (outside of family).

Describe a typical day in your child's life.

Please list anyone, other than family, who is a primary caretaker for your child:

Pre-Primary School

Parent Questionnaire continued

How does your child respond to new situations or changes in routine?

How is your child best comforted when upset?

Does your child have any fears that it would be helpful for us to know about?

Has your child had any experiences to date (such as adoption, death or illness of a friend or relative, divorce, move, major transition) that it would be helpful for us to know about in caring for her or him?

Please describe what you are looking for in a Pre-Primary School experience.

To the best of my knowledge, the information above is accurate.

Signature of parent or guardian

Date
