

email:

PARENT QUESTIONNAIRE

CHILD AND FAMILY INFORMATION

Please return to your child's teacher on visitation day.

Child's Name _____ Nickname _____ Birthdate _____

Address _____ Phone _____

MOTHER

FATHER

Name _____

Address _____

Occupation _____

Business Address _____

Business Phone _____

Present marital status _____

Names and ages of other children in the household _____

Other family members in the household? _____

Specific Child Information

Has your child attended nursery school before? _____ Where _____

Do you or your child have any special interests, experiences, or hobbies that may be shared with the class? _____

Are there any allergies or limitations of the child which should be considered or problems that may help us understand your child better? Explain: _____

Is your child generally quiet, active or ?? Please describe _____ briefly. _____

What situations or things upset or frighten your child? How does your child react to anxiety or stress? _____

Does your child have any particular habits or mannerisms, such as thumbsucking, nailbiting, etc.? _____

(over)

Does your child play with other children? Younger?/Older?/Same age?

Does your child prefer to play alone?_____ With others? _____

Is a language other than English spoken in the home? Please specify.

Is your child under a special situation at home (e.g. new baby, recent move, personal problems, etc.)? Please specify _____

How do you discipline your child at home? Limits/rules? _____

What do you expect from your preschool experience for your child? _____

In case of emergency, notify:

Father_____ Phone_____

Mother_____ Phone_____

Physician_____ Phone_____ (during school hours)

Other_____ Phone_____

(Please indicate relationship)

Please list below those people who will be coming for your child at Nursery

School_____