



## Kindergarten Parent Questionnaire

### Basic Information

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male | Female

Parent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Best time to reach you: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Best time to reach you: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

### About My Child

My child is good at: \_\_\_\_\_

My child likes to: (check all that apply)

Listen to stories  Draw and color  Play alone  Play with other children  Play outside

Play quiet games  Go to a friend's house  \_\_\_\_\_  \_\_\_\_\_

My child does not like: \_\_\_\_\_

My child has the following fears: (check all that apply)

Loud noises  Dogs  Dark rooms  \_\_\_\_\_  \_\_\_\_\_

### About My Child's Early Learning Experience

If your child is **not enrolled** in any program, check here

My child has been enrolled in \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(name of preschool or program) (date) (date)

This is a:  Child Care Center  Family Child Care Home  Other \_\_\_\_\_

### About Our Family

We speak the following languages in our home:  English  Spanish  Creole  \_\_\_\_\_

Most of the time, I speak the following language to my child: \_\_\_\_\_

Most of the time, my child speaks to me in the following language: \_\_\_\_\_

Some things I'd like you to know about my family: (culture, activities that we enjoy, other)

\_\_\_\_\_  
\_\_\_\_\_

There are \_\_\_\_\_ children in our home. Their ages are \_\_\_\_\_

The best times for me to come to the school are: \_\_\_\_\_

My child has the following Special Needs: \_\_\_\_\_

My child has the following allergies: \_\_\_\_\_

Signature

Date