Pre K Student Questionnaire
*Please return on or prior to the first day of school.

Child’s Name___________________________________________

Parent/Guardian Information

1. Name________________________________________

   Best phone number to reach you during the day_______________________________

   Email address___________________________________

2. Name________________________________________

   Best phone number to reach you during the day___________________________

   Email address___________________________________

   Best caregiver and number to call during the day

   Name________________________________________

   Number_____________________________________

Information regarding your child

1. Does your child have siblings?
   
   Names and ages __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
2. Do you have pets?
   Names and type ____________________________
   ____________________________
   ____________________________

3. Does your child have dietary restrictions? ______
   If so, what are they?

4. Any allergies?

5. Is there anything we should know about your child?

6. Do you have any concerns?

7. What kinds of things upset your child?

8. What motivates your child?

9. What activities does your child enjoy at home?

10. What do you hope will be the major outcomes of your child’s school experience this year?

If you have any additional comments, please use the other side.