

Preschool Questionnaire

Child's First Name: _____ Middle: _____ Last: _____

Child's Current Age: _____ Birth date: _____

Nickname (What name would you like your child to be called at preschool?) _____

What name (first and last) would you like your child to learn at preschool? _____

Who else lives in your home? Please give names and ages of siblings.

Church Affiliation: _____

Ethnicity (optional): _____

Is there anyone w/ special needs that lives in your household? What do their special needs involve?

Do you have any pets in your house, what are they and what are their names?

Does your child have any allergies? Reactions? _____

Does your child nap? _____

Are there any traditions or customs practiced in your home that might affect your child's daily routine at GUMC?

Are you aware of any fears or anxieties that your child has (loud noises, dogs, etc.) _____

Is your child a picky eater? _____

What are their favorite foods? _____

Least favorite foods? _____

Does your child have any bathroom issues we need to be aware of? _____

Previous group experiences: _____

What are your child's special interests? _____

PLEASE COMPLETE THE BACK SIDE OF THIS FORM!!!

Does your child have any special playmates? Names _____

Do they have close friends they already know in their GUMC class? Names _____

What opportunities does your child have to play with other children? _____

Is your child interested in books? _____

How much "screen time" does your child get each day (TV, computer, video games)? _____

Does your child experience any discipline difficulties (tantrums, biting, hitting, etc.) _____

How do you handle or avoid these issues? _____

Does your child have any speech or language issues we should know about? _____

Does your child have any unusual habits (tics, rocking, exploring their private body parts, etc.) we should know about? _____

What do you enjoy most about your child? _____

What other information will help us to know and understand your child better? (A new baby at home, a recent death, divorce, or separation) _____

What do you feel is the most important objective to obtain from his/her Preschool experience? _____

Thank you for your time and cooperation with filling out this questionnaire. This information will help us to understand your child and their feelings. Your responses will help us respond appropriately to your child's questions. We also hope that your answers will help the GUMC staff be a support system for your family. We look forward to a wonderful year! G.U.M.C. Preschool Staff