

Preschool Student Questionnaire

Student Name: _____ Date of Birth: _____

Today's Date: _____ Gender: _____ Current Age: _____

Student Address: _____ City: _____

Zip Code: _____ Home Phone: _____

Does your family attend church regularly? ☐ Yes ☐ No

Does your child attend Sunday school regularly? ☐ Yes ☐ No

Has your child previously attended preschool? ☐ Yes ☐ No

Name of school: _____ Dates: _____

Is your child currently attending preschool? ☐ Yes ☐ No

If yes, name of school: _____

Is your child potty-trained? ☐ Yes How long: _____ ☐ No

Desired preschool schedule:

_____ 2 days (Tues./Thurs.)

_____ 3 days (Mon./Wed./Fri.)

_____ 4 days (Mon.-Thur.)

_____ 5 days (Mon.-Fri.)

_____ Half days: 8:30-12:30

_____ Full days: 8:30-3:00

Program: Preschool 2 year-olds _____ Preschool 3 year-olds _____ Pre-Kindergarten 4year-olds _____

Morning Childcare: _____ 7:00-8:00 AM

After School Childcare: _____ 3:00-5:00 PM

For an additional fee and depending on availability, special schedules may be accommodated.

Preschool Age Requirements, children must be:

2 Year Old Program – 2 by September 1st and in the process of potty training

3 Year Old Program – 3 by September 1st and fully potty-trained

4 Year Old Program – 4 by September 1st

Kindergarten Program – 5 by September 1st