

Jenkins Early Childhood Learning Center Preschool Questionnaire

Child's Name: _____ **Prefers to be called:** _____

Child's Date of Birth: _____ **Preschool class:** _____

Parent's Name: _____ **Parent's Name:** _____

Siblings (with ages): _____

Is this your child's first school experience? (Yes) (No)

Does your child have allergies or food restrictions? If yes, please note:

Is there anything about your family situation that we should know in order to better serve your child's and family's needs? (divorce, moves, illness, etc.)

How does your child interact with children his/her own age? With adults?

What makes your child happy and unhappy? When your child is unhappy, what is the most effective way to comfort him or her?

How does your child experience transition times or separations? What helps him or her get through them?

What does your child like to play with? Favorite toys? Other interests?

What goals do you have for your child this year?

What information do you hope to receive from us and what is the best way to communicate with you? (phone, email, hard copy, face to face)