

UNIVERSAL PRE-KINDERGARTEN QUESTIONNAIRE

Family Doctor: _____ Phone: _____

If your child is experiencing problems or difficulties in hearing, vision, speech, physical limitations, relating to other children or adults, in learning, or behavior, please describe:

Please list other children in household:

NAME	AGE	D.O.B	RELATIONSHIP
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please state why you believe the Pre-Kindergarten program would be a good program for your child and for you as a parent: _____

The Pre-Kindergarten Program requires parent involvement in monthly activities. Will you be able to commit to participating in activities each month? Yes _____ No _____

Parent Signature _____

Date _____