Dansville Pre-K Questionnaire

Child's Name: _____ Boy: ____ Girl: ____

Date of Birth: _____

Person completing this form and relationship to child: _____

Please complete the following items so that we can learn more about your child.

1. Some families use nicknames, but others do not. What name would you like us to use for your child (ex. Kate instead of Katherine; Andy instead of Andrew)? Please answer this question carefully! We will be writing this name on many things that we need to prepare for the 1st day of school.
   _____

2. Did your child attend a Preschool/Daycare program in 2024-25? _____
   (If no, skip to #3)
   If so, please provide us with the following information:
   Preschool name: _____
   Dates attended: _____

3. My child has allergies to:_____

4. Does your child have any medical/health concerns? If so, describe: _____
   _____
   _____

5. Please describe any academic/social/behavioral needs that you would like us to take into consideration when we place your child.
   _____
   _____
   _____
   _____
   _____
   _____

6. Do you think your child will have separation anxiety? _____
_____

7. Please describe the type of learning environment and teacher traits you see your child being most likely to experience success. We will <u>not</u> take teacher requests because we consider many different factors as we work hard to balance classrooms.

_____
_____
_____
_____
_____
_____

8. Have there been any major changes in the household since your child was born (i.e. – separation/divorce, death, move, new sibling).

_____
_____
_____
_____

9. Please note and explain any other important information that you would like us to take into consideration.

_____
_____
_____
_____

