LIVONIA PUBLIC SCHOOLS
LIVONIA EARLY CHILDHOOD CENTER
PRESCHOOL QUESTIONNAIRE

1. Child's Name _____ Birth Date_____
   Mother's Name _____
   Father's Name _____
   Address _____ (H)_____Cell_____
2. Name you would like us to use in preschool? _____
3. Who does child live with currently? _____
   Custody Arrangements: _____
4. Brothers and sisters: *Indicate any siblings currently attending Jackson Early Childhood Center.
   Name(s):_____ Age(s):_____
   Pets:_____

5 Ethnic. Caucasian ____ Asian ____ Black ____ Hispanic____ American Indian ____
   Multi-Racial ____ (Indicate Ethnicity)_____
6. Indicate Elementary School your child will attend_____
7. Does your child have a medical or physical condition which might affect or limit school activities? (Asthma, allergies, etc)
   Yes _____ No _____
   If yes, please describe _____
   _____
8. Does your child have fears of which the teacher should be aware?
   Yes _____ No _____
   If yes, please describe _____
   _____
   _____
9. Does your child have toileting problems?
   Yes _____ No _____
   If yes, please describe _____
   _____
10. How does your child react to stress or frustration?
    Circle one· Physically Verbally
    Explain behavior _____
    _____
11. Has your child had a preschool experience? (If it was at Livonia Early Childhood Center, indicate teacher).
    Yes _____ No _____ Teacher _____
    If yes, please describe _____
    _____
12. Does your child play with other children on a regular basis? Yes ____ No____
    Ages:

13. What activities/toys does your child enjoy most?_____

14. What is your child's least favorite activity? _____

15 Does your child have a particular object used for security?

Yes _____ No _____

If yes, please describe _____

16. What do you think are the most important things your child can gain from this preschool experience?

_____

_____

_____

_____

17. Please list any additional information you feel would be helpful to the teacher i.e., second language, extended family living in home, speech or hearing evaluation or treatment, OR OTHER:

_____

_____

_____

18. Do you have any hobbies or skills that you would be willing to share with the preschool class? (Art, music, sewing, woodworking, etc.)

_____

_____

19. I give my permission for my home phone number and address to be used on a class list which will be distributed to the parent enrolled in this class.

Yes _____ No _____

20. Would you be willing to volunteer some time to the following: Please indicate

Material preparation at home _____

Assistance in the classroom _____

_____

Parent Signature Date

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