

Saint Mary's School Preschool Questionnaire

Child's name _____ Date _____

1. What name do you want your child to be called? _____
2. When does your child have a snack at home? _____

3. What word or phrase will your child use to indicate they need to go to the bathroom?

4. Is your child allergic to any food (such as peanuts, milk, eggs, etc.) and if so what type of reaction would we see? This information will be used when determining snack selections.

5. How do you discipline your child (time out, not able to participate in any activity, etc.)?

6. What time will your child be arriving at school in the morning? _____
7. What Language is spoken at home? _____
If other than English - how much English is spoken at home? _____
8. At what age did your child start talking? _____
9. At what age did your child start walking? _____
10. Has your child been hospitalized for an illness? _____
If yes, please explain _____

11. Any special interests of this child _____

Thank you for taking time to complete this questionnaire!