



**Parent Questionnaire**  
Early Childhood Applicant

Applicant Name: \_\_\_\_\_

We appreciate your cooperation in completing this form. It provides one way of getting to know your child and is reviewed with the full awareness that your child is continually changing and developing. Please note that we place particular value on your observations and descriptive comments. This evaluation will be kept in strict confidence.

1. Please describe any out of home programs your child has been or currently attends.

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2. Is any language other than English spoken in your home?

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3. Why are you leaving your current school or child care center? (if applicable)

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4. What do you consider to be your child's strengths? What areas need growth?

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5. In what ways would you like to see school influence your child's growth next year?

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(Over)



6. Choose three adjectives to describe your child and explain why you chose each one.

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7. What activities does your child enjoy indoors? Outdoors?

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8. *Optional:* Please share any information that will help us better know your child. This might include information regarding health concerns, learning differences, family circumstances, etc.

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9. (Kindergarten applicants) Is there anything you feel we should know in preparation for your child's visit? Any allergies?

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Signature \_\_\_\_\_ Date \_\_\_\_\_

In our admissions process, no applicant will be discriminated against on the basis of race, gender, color, religion, physical or mental disability, sexual orientation, ancestry or national origin.