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.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

___________________________________________________

___________________________________________________

___________________________________________________

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

___________________________________________________

___________________________________________________

___________________________________________________

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.

___________________________________________________

___________________________________________________

___________________________________________________

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

___________________________________________________

___________________________________________________

___________________________________________________

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.