

## **Kindergarten Questionnaire**

(Return to school office by August 6th along with current physical if not already on file\*)

Child's Name: \_\_\_\_\_

List name and age of brothers & sisters:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pet(s)? \_\_\_\_\_

Has your child been in a preschool program?

Yes

No

If so, where and how long? \_\_\_\_\_

Is your child in a Sunday School program?

Yes

No

Does your child participate in other planned activities, such as:  
lessons, classes, sports, etc.?

Yes

No

If so, please indicate which activity \_\_\_\_\_

Can other people, outside of the family, easily understand your child's speech?

Does your child have difficulty in any area of which I should be aware? \_\_\_\_\_

**Is your child allergic to any food?**

Yes

No

If so, please specify \_\_\_\_\_

Is there anything else you would like me to know about your child?

\_\_\_\_\_

\_\_\_\_\_

Would you be available to help in the classroom with learning centers, the science program, or the motor skills program?       Yes, I would like to volunteer       No, I am unable to volunteer