

Preschool Questionnaire

Name: _____ What name is used: _____

Birthdate: _____

Class: Tuesday/Thursday A.M. Tuesday/Thursday P.M.
 Monday/Wednesday/Friday A.M. Monday/Wednesday/Friday P.M.

Allergies or special medical condition:

Does your child have any fears? If so, please list:

What preschool or group experience has your child had?

Mother's Name: _____

Father's Name: _____

Lives with: Both Parents Mother Father Other:

Siblings	Age	Attend NCS

Does your family have any pets? Please List:

