ST. MICHAEL'S LUTHERAN PRESCHOOL QUESTIONNAIRE

All information is confidential.
Child's name (first) (last)
Describe your child – please answer the following questions to help us get to know your child better!
Please describe your child(ren)'s current living situation. (E.g., Carter lives at home with both parents, sister, and brother. OR Carter lives with mom & stepdad during the week, dad on weekends.) Include any children in the household and their ages.
Places describe any food allergies or distant restrictions. (An Individual Child Care Program Plan is required
Please describe any food allergies or dietary restrictions. (An Individual Child Care Program Plan is required for doctor identified food allergies listed on the Health Care Summary.)
Left or right-handed?
Favorite play activity
Special interests such as trips, bugs, plants, favorite toy, etc.
Describe any recent significant changes to your child's life (move, surgery, death, etc)?
Please describe any concerns you may have about your child. Please include any history of medical needs (i.e. Speech/Language, Hearing, Autism, and Sensory Needs).
Please describe your child's characteristic emotional behavior (choosing from the following words):
calm excitable easily angered whining cheerful stubborn sensitive cooperative independent active fights often gives in easily wants own way temper tantrums quiet
What behavior do you consider the most difficult to deal with?

Describe types of home discipline that are used.
Does your child have any fears (storms, dark, being left behind, etc)?
How does your child show fear?
Has your child had previous group experiences? Where?
What best describes your child's social behavior in groups – shy, friendly, cautious, or outgoing?
Other Information
Do you or your child regularly attend church or Sunday School? Please list church and city. If no home church please list NONE
Why did you choose St. Michael's Lutheran Preschool?
What do you expect for your child from preschool?
Name Date