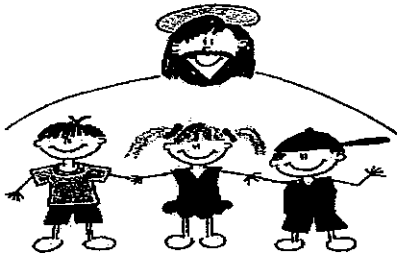


St. Bridget Preschool Questionnaire



This questionnaire will help me get acquainted with your child.

Student Name: _____ Date of Birth: _____

Town Child Resides: _____ Male or Female (Please Circle)

How do you want your child's name printed on school items? _____

Who resides in the home with the child? Please indicate first names and ages of siblings, name and kind of pets, and all adult members with their relationship to the child and the name or nickname the child refers to them by. (This info is helpful at prayer time to know who we are praying for) _____

Who is authorized to pick up your child? (Other than parents) Please list name (first and last w/relationship and how your child refers to them) _____

Please indicate your child's age to the following: Started walking: _____

Talked in full sentences: _____ Fed self with a spoon: _____ Pedaled a tricycle: _____

Does your child have any fears? _____

Child's first language? _____ Second language? _____

Does your child have any allergies? Mild Moderate Severe None (Please circle)

If so, please explain: _____

Any concerns with vision? Yes No Any concerns with hearing? Yes No

Any type of limitations we should be aware of? Yes No

If you answered yes to any of the concerns, please explain: _____

Please circle: My child is right handed left handed switches hands

More questions on back

If your child attends church, what is the name of the church? _____

Would you like information about St. Bridget Church? Yes No

What chores does your child help with? _____

What is your child's current Favorite.... Sport: _____ Book: _____

Color: _____ Game: _____ Animal: _____

Character: _____ Movie: _____

TV Show: _____

How much "screen" time does your child spend daily? (Include time on phones, TV, Computer, Ipads) _____

Has your child been left with a group of playmates regularly before? Yes No

How does your child respond? _____

What discipline works with your child? _____

How does your child respond? _____

What are your child's strengths? _____

What areas would you like to see your child improve? _____

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

Parents and relatives make excellent resource people. Would you or someone you know be willing to present an occupation or hobby to the class? Yes No

If yes, who and what? _____

Thank you for taking the time to fill out this questionnaire. I can't wait to be a part of your child's love for learning!

Mrs. Steinhagen