



Robert J. Wilf Preschool & Kindergarten @ the Kaiserman JCC

Child Questionnaire (2 yr. old class – Kindergarten)

Child's full name: _____

First name you prefer your child to be called (if different from above): _____

Language(s) spoken in your home: _____

List child's siblings by name, age (and/or other members of household besides parents): _____

Are parents separated or divorced? Yes No If yes, describe custody arrangements: _____

Occupation: Parent 1 _____ Parent 2 _____

Religion: Parent 1 _____ Parent 2 _____ Child _____

Have there been any major changes recently we should be aware of (divorce, birth, death, move)? _____

Activities your child enjoys most: _____

Activities your child does not enjoy: _____

Is your child currently receiving early intervention services (speech, OT or PT)? Yes No

If yes, explain: _____

Will these services take place at school? Yes No

How does your child react to separation from parents, new people/situations (ex. cries, is calm)? _____

Is there anything else you think we should know about you or your child? _____

Section below is for children in a 2 or 3 year old class ONLY:

Is your child completely potty trained? Yes No If not, explain anything you're doing at home that you'd like us to know: _____

Does your child nap? Yes No Length of nap: _____

Does your child need something to help them fall asleep (ex. pacifier, stuffed toy, sippy cup)? Yes No

If yes, explain: _____