

# Preschool Parent Questionnaire

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

Preferred Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Parent's Occupation (i.e. Police Officer) \_\_\_\_\_

\_\_\_\_\_

Parent's Email: \_\_\_\_\_

\_\_\_\_\_

Please list any siblings name and ages:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Does your child go to St. Luke's?

Before school YES NO

After School YES NO

Who will be picking your child from school:?

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Who CAN NOT pick up your child from school? \_\_\_\_\_

Previous Preschool experience? YES NO if yes  
where: \_\_\_\_\_

Child's Favorite Thing to do or play with: \_\_\_\_\_

Does your child use an IPAD at home? YES NO

Does your child have experience using a computer mouse? YES NO

Does your child have any fears that would impact  
learning? \_\_\_\_\_

Any special concerns you may  
have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_