

Hope Lutheran Nursery School - Student Questionnaire

Child's full name

Child's preferred name/nickname

Class you are enrolling your child in

3-Year-old

4-Year-old

Child's birthdate

Does your child have siblings?

Yes

No

If so, please list the names and ages of other children in your family.

Do you have any pets in your family?

Yes

No

If so, please list the pets' names and type of pet.

Does your child have any prior experience in preschool?

Yes

No

If so, was the experience enjoyable? Any further details you wish to share about the experience?

What do you hope your child will receive from their Nursery School experience at Hope Lutheran Nursery School?

How did you hear about our program?

What do you see as your child's strengths?

Are there any areas that you anticipate your child having difficulty? (For example, sharing, following directions, etc.)

Does your child have experience using the following?

Crayons: **yes no** Pencil: **yes no**

Markers: **yes no** Scissors: **yes no**

Do you feel that your child is right handed or left handed?

How much interest has your child shown in the alphabet, counting, and printing his/her name?

Has your child had the opportunity to play or socialize with other children outside of your immediate family? (For example, part of play group, attends Sunday School, on a t-ball team, etc.)

Yes

No

Have you ever had the need to consult a specialist for your child? (Such as an evaluation for speech, hearing, psychologist, etc.)
If so, please explain

Yes

No

Does your child receive any support services? (Such as occupational therapy, speech therapy, physical therapy, specialized instruction, etc.)
If so, please explain

Yes

No

Does your child have any medical conditions including allergies that we should be aware of?
If so, please explain

Yes

No

Does your child have any extreme fears?
If so, please explain

Yes

No

Are there any unique factors in your child's life that you would like to share with us? (For example, absence of a parent, adoption, grandparents living in home, serious illness or accident, etc.)

Is there any additional information you would like us to know about your child?

Parent /Guardian Signature

Date

Please add your signature after you print this form.

Thank you for taking the time to fill out this questionnaire to help us become better acquainted with your child!