

**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 class **or** 4 year old class

**Child's birthdate:** \_\_\_\_\_

**Does your child have siblings?** yes **or** no

If yes, please list the names and ages of other children in your family. \_\_\_\_\_

\_\_\_\_\_

**Do you have any pets in your family?** yes **or** no

If yes, please list the pets' names and type of pet. \_\_\_\_\_

\_\_\_\_\_

**Does your child have any prior experience in preschool?** yes **or** no

If yes, was the experience enjoyable? Are there any further details you wish to share?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What do you hope your child will receive from their 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 **or** no      **pencil:** yes **or** no      **markers:** yes **or** no      **scissors:** yes **or** no

**Do you feel that your child is right handed or left handed?** right, left **or** no preference

**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 children outside of your immediate family?** (For example, part of play group, attends Sunday School, on a t-ball team, etc.)    yes **or** no    If yes, what types of opportunities: \_\_\_\_\_

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**Have you ever had the need to consult a specialist for your child?** (Such as an evaluation for speech, hearing, psychologist, etc.) yes **or** no    If yes, please explain: \_\_\_\_\_

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**Does your child receive any support services?** (Such as occupational therapy, speech therapy, physical therapy, specialized instruction, etc.) yes **or** no    If yes, please explain:

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**Does your child have any medical conditions including allergies that we should be aware of?**    yes **or** no    If yes, please explain: \_\_\_\_\_

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**Does your child have any extreme fears?** yes **or** no    If yes, please explain: \_\_\_\_\_

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**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.) \_\_\_\_\_

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

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**Parent /Guardian Signature:** \_\_\_\_\_                      **Date:** \_\_\_\_\_

**Thank you for taking the time to help us become better acquainted with your child!**