

ST. THERESA LITTLE SAINTS ACADEMY QUESTIONNAIRE

Please take a few minutes to answer the questions below. The information will help us get to know your child better. **Please return it by the first day of school.**

Child's Name: _____

Mother's Name: _____

Mother's place of employment: _____

Occupation: _____

Work/Cell phone number: _____

Father's Name: _____

Father's place of employment: _____

Occupation: _____

Work/Cell phone number: _____

Siblings:

Name

Age

Gender

<u>Name</u>	<u>Age</u>	<u>Gender</u>

Pets:

Name

Type of Animal

<u>Name</u>	<u>Type of Animal</u>

Grandparents:

Name

Child's name for grandparent

<u>Name</u>	<u>Child's name for grandparent</u>

Questionnaire (continued)

How often does your child have the opportunity to play with other children?

Has your child had any previous school experience? If so, what is the name of the school/daycare? Also, please tell me about it and circle the phrase that best describes the experience.

Social only

Social with some academic activities

Equally social and academic

Mostly academic

Is your child a good eater? Are there any food allergies that we need to be aware of?

Does your child currently take a nap? If so, how long and what time?

Does your child have a blanket or bedtime buddy?

Does your child choose his/her clothing, dress self and/or tie own shoes?

How adept is your child with restroom needs (including washing hands)?
Does your child have any fears?

What special interests does your child have?

Does your child have any health problems, food or environmental allergies, etc.?

How do you handle separation anxieties and discipline, if needed?

Is there anything else about your child that you would like us to know?