



## Solid Rock Preschool Child Questionnaire

In order for us to provide your child with a smooth transition and successful preschool experience, please answer all of the following questions to the best of your ability. Feel free to add anything you feel would be helpful information.

Child's Name: \_\_\_\_\_ What they prefer to be called: \_\_\_\_\_

Does your child have any special habits? (Thumb sucking, nail biting, etc.) If yes, please explain.

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Describe your child's general health. Is there any physical, mental or emotional need that we should be aware of?

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Does your child have any allergies? (food or otherwise)

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Does he/she have any particular fears?

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Does your child become frustrated easily? If so how does he/she express their frustration?

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What method of discipline do you use at home and how does he/she respond to it?

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Has anyone other than a family member ever cared for your child? Please circle all that apply.

Daycare      Church Nursery      Home Daycare      Other School Environment

Other: \_\_\_\_\_

How does your child respond to being left without you?

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Has your child ever experienced difficulties in another school or daycare environment?

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Is your child toilet trained?

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Does he/she have bathroom related accidents? If so how do you deal with them at home?

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Does your child nap? If so when?

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What are some of your child's favorite activities?

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Describe your child's abilities at home: (Does he/she dress themselves, clean their room, make their bed, etc.)

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Does your child recognize his/her name?

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Can he/she: Circle all that apply:

Count objects

Use Scissors

Use Crayons

Write Name

Use Words To Express Self

Speak Clearly

Understand Direction

Recognize Numbers

Recognize Letters

What are your goals and expectations for Solid Rock Preschool?

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Are there any special concerns to which you would like to draw our attention?

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Other information that you feel will be helpful:

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Parent Signature

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Date