

Date:



Kindergarten Questionnaire

Child's Full Name _____ Preferred Name _____

Transportation

Please indicate how your child will be getting home (or to daycare) each day (parent, babysitter, walking, etc.).

Monday	Tuesday	Wednesday	Thursday	Friday

Strengths & Interests

Please tell me things that your child enjoys doing and what he/she does well.

Health Concerns

Please indicate if your child has any health issues or allergies that I need to know about.

Other Concerns

Please indicate if you have other concerns regarding your child that you would like me to know about (academic, behavioral, social, etc.).

Holidays

Please indicate below if your family does NOT observe any of these holidays (check all that apply).

Birthdays_____ Halloween_____ Thanksgiving_____
Christmas_____ Valentine's Day_____

Child Expectations

How does your child feel about entering kindergarten?

[Empty box for child expectations]

Parent Expectations

What would you like to see your child gain from kindergarten this year?

[Empty box for parent expectations]

Pandemic Information:

Do you have a health compromised family member living at home you are concerned about? (You may choose not to answer this question if you prefer not to.) Yes No

Do you have internet access/WiFi at your home if home learning becomes necessary? Yes No

What is your level of concern about your child attending school for face to face learning during the pandemic?
___Very concerned ___Somewhat concerned ___Minimally concerned ___Not concerned at all

Are you considering alternate learning opportunities (online classes) for your child to participate in at home instead of coming to school? Yes No If yes, would you like to be contacted about options? Yes No

Are you planning on having your child wear a mask at school even if the school does not require them (as of now)?
Yes No

Communication

What is your preferred method of communication?

___Email ___Text ___Phone Call ___Other:

Please list phone numbers you want me to use in order of priority:

1._____ 2._____ 3._____

Please list any email addresses you would like me to use this year.

Other

Child's T-shirt Size (for Genesee PRIDE shirts and Readers as Leaders if available) _____

May I share your contact information with other kindergarten parents (for birthdays, playdates, etc.)?

___Parent phone number ___Home address ___Parent email ___Do not share contact info.