



# Kindergarten Questionnaire



Child's Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Please list your child's siblings (if any) and their ages:

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, what he/she does well, and special interests they have.

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, behavior, 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?

Parent Expectations

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

Communication

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 if available this year) \_\_\_\_\_

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.

**Thank you for taking the time to share this information with me. I look forward to working with you to make this a great year of learning for your child!**