

Date:

2021-22



Kindergarten Questionnaire

Child's Full Name _____ Preferred Name _____

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

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. Also note if you have concerns about COVID for your child and/or family members.

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

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.

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!