

Dear Parents,

We need some help to get to know you and your child better. Please take a few minutes to fill out this questionnaire. Feel free to use an extra sheet of paper if you need to. We would rather have more information than not enough. Thanks!

All about: _____ **Date of Birth:** _____

How do you want your child's name written at school?: _____

Family Members: _____

Pets: _____

Favorite Activities: _____

Language spoken at home: _____

A weekly theme that would appeal to your child: _____

Typical Daily Routine: _____

What are the important rites of passage or celebrations in your home?

What holidays you would like celebrated at ELC? _____

Do you have an expertise you would like to bring into the classroom and share with the children? (e.g. storytelling, singing, musical instrument, cultural experience, dance, movement, sewing, art project, gardening) _____

Health Issues (allergies, etc.) _____

Favorite Foods: _____

Least Favorite Foods: _____

How do you handle discipline and other child-rearing practices e.g. bedtime, mealtime?

What comforts your child? _____

Past preschool or daycare experiences: _____

Anything else we should know (fears, anxieties, etc.): _____

What are your goals for your child at ELC? _____

When your child enters Kindergarten what school is s/he likely to attend? (We will publish this information--it may be helpful in making friends and setting playdates!)

