

Student Questionnaire

Dear Families:

JCPC welcomes your child for the coming school year. We would like to update information and get to know your child.

Child's Name _____ Nickname _____
Birthdate _____ Age _____ Sex _____ School District _____

Primary Contact Information: *This will be used by the staff and board for regular correspondence.*

Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

Parent/Guardian Information:

List mother and father separately. Please list all custodial parents/guardians, using extra paper if necessary.

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Pager: _____ Email: _____

Place of Employment: _____

Work Address: _____

Preferred Method(s) of Contact: Phone Email Writing Please don't contact me

What is the best time to reach you? _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Pager: _____ Email: _____

Place of Employment: _____

Work Address: _____

Preferred Method(s) of Contact: Phone Email Writing Please don't contact me

What is the best time to reach you? _____

Student Information

Siblings' names and ages _____

What name do you want your child to learn to print in preschool? _____

What name do you want your child to be called in preschool? _____

Is your child: right-handed left-handed undecided (Circle one).

What would you say are your child's strengths?

What would you say are your child's weaknesses?

Is your child able to separate easily from the parent/guardian? Yes No

Has your child ever been away from you for short periods of time?

A couple of hours Full day Overnight

Has your child attended any other preschool? Yes No

If so, which one? _____

For how long? _____ How many days per week? _____

Reason for leaving _____

Does your child play **quietly** or **actively**? (Circle one or both)

Who is your child happy and comfortable playing with? (Check all that apply)

Alone With boys With younger children

With other children With girls With older children

What activities does your child enjoy outdoors?

What activities does your child enjoy indoors?

Does your child like watching television? Yes No

If so, what is his/her favorite show? _____

How much TV do they watch? Less than 3 hours per day More than 3 hours per day

Do you read to your child? Yes No

Does your child show interest and pay attention when you read to them? Yes No

Is your child able to sit still and listen to a story for 5-10 minutes? Yes No

Is your child able to remember songs and rhymes? Yes No

Has your child had experiences with **paints, markers, crayons, or scissors**? (Circle all that apply)

What type of discipline is used in the home? _____

What time is bedtime for your child? _____

What time is rising time for your child? _____

Does your child and/or family speak a different language at home? Yes No

If yes, what language is used? _____

List three topics your child would like to learn about this year. _____

List three skills you would like your child to acquire this year. _____

How does your child feel about going to preschool? _____

Are there any foods you **do not** want your child to eat at preschool? Yes No

If yes, please list: _____

We use a reward/sticker system in the classroom, in which your child may get to pick a small prize to take home. Is it okay if your child picks candy as a prize? Yes No

Are there any holidays, cultures, etc. you **do not** want your child to participate in or learn about?

Yes No If yes, please list: _____

Does your child have any fears? Yes No

If yes, what? _____

If yes, how would you suggest we help your child with their fears, should they arise during school?

Is your child potty-trained? Yes No If not, how long can they stay dry? _____

Whether your child is fully potty trained or still learning, accidents do happen. In the event of an accident, is it okay if the teacher and/or aide assist your child in cleaning up and changing clothes?

Yes No *(For the protection of the student and staff, we cannot assist your child if you do not check Yes. We will instead contact you to pick the child up.)* Note that you are responsible for providing wipes, pull-ups, rubber gloves, etc. if your child is not fully potty-trained. Please refer to the Student Handbook's potty-training policy for full details about our expectations and your responsibilities.

Use the space below to describe what you want your child's teacher to know about your child and/or family. (Please use additional paper if needed)

Some Questions About You

Would *any* member of your family be willing to volunteer in the classroom? Clearances are required.
(Circle all that apply)

Mother Father Other(s) _____

Would anyone be interested in serving on the school's Board of Directors? (Circle all that apply)

Mother Father Other(s) _____

Would you be willing to provide snack and juice occasionally for the class? This helps keep costs low.
Students provide snack on a rotating basis. Yes No

Would you be willing to provide art supplies, cleaning supplies and other classroom supplies on
occasion? Again, this helps keep costs low. Yes No

I/We acknowledge the fact that the Jefferson Center for Preschool Children is not liable for any accidents or injuries sustained during the operations of the school. Any and all medical expenses incurred due to an accident, injury or illness at the school will be the full responsibility of ourselves, the parents/guardians. We have read and understood the policies outlined here.

Signature of Mother/Guardian

Date

Signature of Father/Guardian

Date