

Early Childhood and Kindergarten Family Questionnaire for 2018-19 School Year

Please return this Family Questionnaire to your child's teacher by Orientation Day, September 4th.

dent's Name:	Date of Birth:
me that you would like us to call	your child:
Please briefly describe your child	's previous school experience(s):
help us better provide a supporti	ces for your child and family that we should be aware of to ve and inclusive environment at school, i.e. divorce, family, adoption, religious and/or cultural beliefs and other family events.
	l with separation? Are there specific things that we should d's separation and transition easier?
What are	

Special interests?
Dislikes?
Specific fears?
Ways that your child is calmed?
Favorite activities?
Are there any issues with sleeping? If so, please describe.
Are there any issues with eating? If so, please describe.

Are there any special medical or dietary issues or physical limitations? If so, please explain.
Are there issues with the toilet learning process? If so, please describe.
Do you have any pets? If yes, please list the animal(s) and name(s):
Are there any special hobbies, skills, occupations or talents that you (or a family member or friend) may have and would be willing to share with your child's class? Please tell us!
What are your primary goals/hopes for your child this year in our program?
Is there anything else that you feel would be helpful for us to know about your child and/or your family?

Thank you for taking the time to share this information. It is truly helpful for us in getting to know your child! Please bring this with you to Orientation Day on Tuesday, September 4th or on the first day of school if you are unable to attend Orientation Day. We look forward to seeing you soon!