GLORIA DEI PRESCHOOL CHILD INTEREST SURVEY

TELL US ABOUT YOUR CHILD

PLEASE RETURN THIS TO SCHOOL ALONG WITH YOUR FIRST TUITION PAYMENT ON JULY 1ST

TO HELP US GET TO KNOW YOUR CHILD AND TO PLAN ACCORDINGLY, PLEASE ANSWER AS MANY QUESTIONS AS YOU CAN. FEEL FREE TO USE AN ADDITIONAL SHEET OF PAPER IF NEEDED. PLEASE PRINT NEATLY.

Child’s Full Name _____________________________ Name to use at school _______________________

Sex of child: _______ Special Interests _______________________________________________________

Favorite Thing to do _______________________________________________________________

Dislikes _____________________________________________________________________________

Favorite Books ________________________________________________________________

Favorite Foods ________________________________________________________________

Special Attachments ____________________________ what and when needed:
________________________________________________________________________________

Particular Fears __________________________

How does your child express anger? _______________________________________________________

How do you discipline your child? _______________________________________________________

Has your child ever been in a group experience away from you? ___________________________

How did he/she handle it? _____________________________________________________________

What other group experiences might your child be participating in this year?
________________________________________________________________________________

Is your child in the care of any other adult during the day? ______________________________

Name: _______________________________ Relationship _________________________________

What language is spoken at home? _______________________________________________________

Does your child speak more than one language? ___________________________________________

What are some cultural or religious practices that are observed at home?
________________________________________________________________________________

Does your child have any special medical problems or dietary needs? ________________________
________________________________________________________________________________
What time does your child: wake up ___________________________ go to bed ______________?

Does your child still nap? ______________ Does your family have a pet? __________________

If so, what kind, and what are their names? ________________________________

Does your child live with any extended family members? ______________________________ 

Is there any parent/guardian not residing with you that should receive information such as Newsletters, Progress Reports, etc. Name: ___________________ Relationship: ______________

Do you have any current concerns about your child? ________________________________

Who will be the primary person responsible for the drop off and pick up of your child?

Name: ___________________________ Relationship: __________________________

Other: ____________________________

Please share your goals, hopes, and any expectations that you have for your child this school year?

______________________________________________________________________________

Please share any information that would be helpful for us to know in order to better understand your child and provide proper guidance. For example: absence of a parent, parents not living together, grandparents living at home, child currently being evaluated or is receiving Speech, OT, PT or other services?

______________________________________________________________________________

______________________________________________________________________________

Does your child know any other child in this class? _________________________________

Is your child a returning student to Gloria Dei? If yes, who was your previous teacher? ______________

What is the best way to communicate with you? Phone #______________________________

E-mail address (please print clearly) _____________________________________________

Any additional information about your child? _________________________________


PLEASE FILL IN THE FOLLOWING INFORMATION: (this can be found in your parent letter)

Teacher: ___________________________ Room # ___________________ Class: ______________