

MEADOWLANE CHRISTIAN SCHOOL

PRESCHOOL PARENT SURVEY

Please provide the following information as you feel comfortable. The information will help the preschool staff work more efficiently with your child.

Child's Name _____

Birthday _____ Sex: Female Male

Home Church _____

Is your child baptized? Yes No Baptism date _____

Names and ages of child's brothers and sisters:

Were there difficulties with the child's birth or delivery? Yes No
If yes, briefly describe.

Is this child adopted? Yes No

If yes, does the child know? Yes No

Have there been upsetting events in this child's life, such as moves, parental separations, divorce, death, etc.? Briefly describe.

Please share the child's usual routine:

Arises: _____ Naps: _____ Bedtime: _____

What regular meals and snacks does this child eat?

Describe briefly child's interests, favorite books, favorite activities.

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Please comment on any problems this child may have with....

_____ Bedtime

_____ Eating

_____ Bathroom use

_____ General health or allergies (If allergies, please fill out the Allergy Form)

_____ Reactions to separation from parent

Parents: What are your favorite hobbies or talents which you might share with the preschool?

Are you available to drive for field trips? Yes No
(Drivers are required to provide information on driving record and vehicle insurance)

Share your special concerns and/or hopes for your child this year in preschool.