

Algonquin Preschool, Inc.
A Questionnaire About Your Child

Name of Child _____ Nickname _____

Name of Parents/Guardians _____

Names and Ages of Child's Brothers and Sisters _____

Names and Relationships of Other Persons Living in Child's Household _____

Names and Descriptions of Family Pets _____

Child's favorite toys _____

Child's favorite books _____

Child's favorite tv shows _____

Child's favorite indoor activities _____

Child's favorite outdoor activities _____

Specific skills/knowledge your child has acquired _____

Specific interests your child has _____

Classes/Sports in which your child has participated _____

Specific medical/behavioral concerns you have regarding your child _____

Actions you are taking to address these concerns _____

Ways in which you would like to see your child develop during this preschool year _____

Additional comments which you feel will help us know your child better _____

Thank you for taking the time to complete this questionnaire. Your responses help to acquaint us with your child. We look forward to a wonderful year!

Signature of Person Completing this Form

Relationship to Child