



(Please complete, and upload this form with the online application or email completed form to school site)

## TK/KINDERGARTEN CLASSROOM QUESTIONNAIRE

Child's Name \_\_\_\_\_  
(First) (Middle) (Last)

What Name would your child like to be called in the classroom? \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month/Day/Year

Information regarding your child not collected during the on-line enrollment process:

1. Does your child have playmates his/her own age? No Yes How many? \_\_\_\_\_

2. Does your child have siblings? No Yes What age(s) ? \_\_\_\_\_

3. Did your child attend pre-school? Yes No (if yes, be sure to include the Pre-School completed Developmental Readiness Survey)

4. Which is more dominant? Right Hand Left Hand Both

5. What is your child's usual bedtime? \_\_\_\_\_

6. How does your child spend his/her time daily when not at school? (hobbies, special interest, television, video games, etc.)

\_\_\_\_\_

\_\_\_\_\_

7. What methods of encouragement have you found most effective?

\_\_\_\_\_

\_\_\_\_\_

8. What do you want most for your child this TK/Kindergarten year?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Please take a moment to write about your child. What are things you as a parent feel would be important for us to know? We want to know how your child thinks, plays, and how they are as a learner and person. What are your child's best qualities?

\_\_\_\_\_

\_\_\_\_\_

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10. Please list any concerns you may have about your child in TK or Kindergarten.

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11. Is there any information you completed on the health history portion during on-line enrollment that I need to know immediately?    No    Yes

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12. Does your child have trouble separating from you?    No    Yes

13. How will your child get to and from school?

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14. Will your child attend daycare? If so, where?

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15. Are you interested in becoming a classroom volunteer? (choose one)

Regular                  Occasional                  Field Trips

16. What types of things are you willing to help with? (check all that apply)

- In Classroom
- Reading with students
- Helping Teacher (clerical activities)
- Other

17. You may express your preference for AM or PM classroom placement, however, we cannot guarantee to honor each request. If you feel you have an urgent hardship (such as an IEP or medical concern), please write a note of explanation and return it with your packet to your resident school. Please note that issues concerning employment, transportation, and daycare are not under the category of "hardship".

**Please indicate your preference for class placement.** choose one    AM    PM    Either