



Sharks and Guppies

New Parent Questionnaire

Child's Name: _____

1. Does your child have allergies, food sensitivities?
2. Does your child have any health, cognitive or social issues we should be aware of?
3. What does your child do if they get upset? How are they calmed?
4. What kind of eater is your child? Do they require help/encouragement?
5. Is/will you child be receiving any special services? If yes, what are they?
6. Is your child toilet trained? Are there any special words your child uses for toileting?
7. Does your child have any issues with separation? Has your child been enrolled in a preschool program before? If yes, where?
8. What are some of your child's special interests, pastimes?
9. Who will be the primary person picking up your child? Will you be carpooling? If so, with who?
10. What is the primary language spoken at home? Does your child speak more than one language?
11. Do you celebrate Christmas, Hanukkah or both?
12. Do you have any special family/cultural customs or holidays that you would like to share with the class?

Please use the back of this paper to describe your child, their likes, dislikes and let us know if there is anything else that you feel that we need to know about your child to make their time with us successful.