



Sharks and Guppies

Returning Parent Questionnaire

Child's Name: _____

1. Does your child have allergies, food sensitivities?
2. Were there any changes that could affect your child's health, cognitive or social abilities we should be aware of?
3. Is/will your child be receiving any special services? If yes, what are they?
4. What kind of eater is your child? Do they require help/encouragement?
5. How has your child changed and grown over the summer?
6. What are some of your child's special interests, pastimes?
7. Who will be the primary person picking up your child? Will you be carpooling? If so, with who?
8. What are your goals for your child this year?
9. Do you celebrate Christmas, Hanukkah or both?
10. 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.