

Student Information

Is this registration for:

- ☐ Pre-K
☐ Kindergarten

Student's full name _____

Date of Birth _____ Gender _____ Nicknames _____

Race/Ethnicity _____ Siblings in Home _____

Will student be using school transportation:

- ☐ Morning ride to school
☐ Afternoon ride home
☐ Both AM & PM
☐ None

Parent/Guardian Information

Guardian #1 Information

Name _____ Phone Number _____

Email _____

Physical Address _____

Mailing Address _____

Guardian #2 Information

Name _____ Phone Number _____

Email _____

Physical Address _____

Mailing Address _____

What is the best way to communicate with you?

E-Mail _____ Telephone _____

St. George School PreK & Kindergarten Parent Questionnaire

Please take a few moments to introduce your child to us through this questionnaire. The information you provide will be shared with their classroom teacher and other school staff members that will be working with your child.

Has your child been participating in a PreSchool/Head Start or childcare program?

YES or NO Name of Program _____

How long did your child attend? _____

Does your child have an IEP, 504 or any needs that we should be aware of?
(social-emotional ie; anxiety, separation from parents, socializing, etc.)

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My child enjoys the following activities (circle their top 3):

Video Games	Listening to stories
Learning on the iPad	Imaginative Play
Playing outside	Watching TV or Movies
Sports	Coloring
Reading	Arts & Crafts

My child will ask for help when needed from a familiar adult:

Often Sometimes Never

Someone reads to my child:

Often Sometimes Never

My child stays interested in self-chosen activities for:

20-30 minutes 10-20 minutes 5-10 minutes

My child separates easily from a parent:

Often Sometimes Never

My child can use the bathroom independently:

YES or No

(please indicate if your child has any specific toileting needs)

My child socializes with other children their age without issue:

Often Sometimes Never

(please share any social concerns you may have about your child ie; shyness, difficulty sharing or working through conflict, etc)

Is your child Left Handed _____ Right Handed _____ not sure _____?

Does your child have any fears that we should be aware of?

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How does your child respond when frustrated or challenged (by a task or adult)?

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What comforts or helps your child calm when they are upset?

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Has your child experienced any difficult circumstances that we should be aware of so that we understand your child better?

Do you have any concerns about your child's development and/or success in school?

What are your goals for your child in kindergarten?

If there is any additional information you would like to share please use this space.