



# ST. ANDREW'S EPISCOPAL PRESCHOOL

6509 SYDENSTRICKER ROAD † BURKE, VA 22015

## Confidential Parent Questionnaire 2017-2018

As a developmental preschool, St. Andrew's Episcopal Preschool aims to provide an appropriate and individual education for each child. Please help us by providing information about your child and family so we will have a better idea how your child learns and reacts to a new situation. This is confidential and only used as a tool towards providing the best and most appropriate education for your child.

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender:  F  M Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Premature?  Yes  No

Adopted?  Yes  No If yes, at what age did your child come to live with you? \_\_\_\_\_

Parent's Marital Status:  Single  Married  Separated  Divorced

If mother and father are separated or divorced, please respond to the following:

- When did the separation or divorce occur? \_\_\_\_\_
  - What are the custody arrangements? \_\_\_\_\_
- \_\_\_\_\_

Primary language spoken in the home: \_\_\_\_\_ Secondary language: \_\_\_\_\_

Please list all persons living in your household (siblings, nannies, grandparents, etc.):

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Age: \_\_\_\_\_

Does your child have any food allergies?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have any other allergies that will affect them at preschool?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any chronic medical conditions (asthma, diabetes, etc.) and/or are they on any routine medication?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Who will be picking up/dropping off your child on a regular basis?  Parent  Grandparent  Nanny

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Has your child attended preschool or daycare before?  Yes  No

If yes, please describe the person(s) or program(s) and how long they attended: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have a disability or developmental delay we should know about, and/or have they been referred to Child Find or any other developmental specialists?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is the policy of St. Andrew's Episcopal Preschool to retain a record for every child receiving public or private services in order for our staff to support and enhance the delivery of educational and support services for the child.

Does your child have an Individualized Education Plan (IEP) or an Individualized Family Service Plan (IFSP)?  Yes  No

If yes, please provide the most recent copy and let us know how these services are being provided (class based, at home, number of hours per week, etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child receive or have they received any additional private educational services?  Yes  No

If yes, please give provider's name or agency along with dates of service: \_\_\_\_\_

\_\_\_\_\_

Religious preference of family: \_\_\_\_\_

Do you currently have a church home?  Yes  No

If yes, name of your church: \_\_\_\_\_

Do you expect your child to have difficulty separating from you?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you anticipate your child having trouble adjusting to the classroom routine?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you think your child may have difficulty getting along with others in the classroom?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In communicating with your child, what do you suggest? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sometimes children develop their own vocabulary for important things. Please note anything that your child might use in the classroom that we might not understand right away. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please tell us a little about your child (for example: favorite interests, what they do well or find challenging, favorite or least favorite foods, any unique interests, habits or fears) anything that will help us to understand them better and personalize our approach. \_\_\_\_\_

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In order for us to coordinate our approaches to discipline with yours, please describe the approaches you find effective at home. \_\_\_\_\_

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How did you learn about St. Andrew's Episcopal Preschool? \_\_\_\_\_

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What factors led you to choose St. Andrew's Episcopal Preschool for your child and what do you hope for your child to gain from our program? \_\_\_\_\_

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Is there any additional information about your child that you would like for us to know?

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*Thank you for your help, we look forward to getting to know your child!*