Sister Carolyn Learning Center

Pre Enrollment Student Questionnaire

PK2 through PK4

Please complete this questionnaire to help us learn about your child's daily routines, development, interests, and goals.

Applicant's name: _____ Applying to grade: _____

Date of birth: _____ Interested in: ☐ Full day ☐ Half day

Student Information

1. What is the primary language spoken at home? What language or languages does your child speak?

_____

_____

2. Is your child toilet trained?

_____

_____

3. Does your child use a bottle or pacifier? Does your child drink from a cup independently? Please explain.

_____

_____

4. Describe your child's eating habits, including any food allergies, aversions, or preferences. Does your child eat independently?

_____

_____

5. Describe your child's sleeping habits.

_____

_____

6. Describe your child's communication skills. Does your child repeat words or sentences? Does your child answer open-ended questions?

_____

_____

Student Information Continued

Applicant's name: _____

7. What special interests does your child have?

_____

_____

8. Does your child speak similarly to other children of the same age? Can you understand most of what your child says? Can people outside your home understand most of what your child says?

_____

_____

9. Does your child walk, run, and climb similarly to other children of the same age?

_____

_____

10. Describe your child's personality.

_____

_____

11. Describe your child's strengths.

_____

_____

12. What goals do you have for your child?

_____

_____

Parent or guardian signature: _____ Date: _____