



Parent/Guardian Questionnaire

Welcome to the Michele Block Gan Yeladim Preschool & Kindergarten!

At our school we recognize the child as part of a family unit.

We strive to partner with children and families to create meaningful experiences.

Help us get to know you and your child.

Name of Applicant: _____ Date of Birth _____

Child lives with Both parents Mother Father Other (please note) _____

What sparks your child's interest? _____

What kinds of activities engage your child's focused attention? _____

Are there any special or important words your child uses that we should know? Please include any words used for special lovies, bathroom, etc. _____

Does your child receive OT, PT, Speech or other services? _____

Please share the cultural background/history of your family. _____

Please identify the primary and secondary languages spoken in your home; how and when they are used with your child.

Is there anything in your child's or family's life that might affect his/her adjustment to school?

What behaviors are you finding challenging to deal with right now?

How do you deal with the above challenging behaviors?

How would you describe your most important family values? _____

Please define your child rearing philosophy _____

What responsibilities does your child have at home? _____

As a parent, what are your expectations of your child's growth and development while in our program? _____

What are your hopes for your child and what goals would you like us to work toward together this year? _____

Other comments about your child's developmental progress you wish to share _____

Briefly describe your child's previous school experiences _____

Please note any significant information prior, during or following your child's birth that may provide insight into his/her development _____

Does your child have any siblings? If so, please list their names and ages _____

Are you interested in participating in serving as a parent resource to our curriculum? Do you have special talents, skills, interests, and cultural knowledge that you would like to share with your child's class that could be integrated into our curriculum _____

Is there any further information you would like to share about your family structure or background that would be pertinent to your family's experience in our program? _____

Signature(s) of person(s) completing form:

_____ Date _____

_____ Date _____

Note: I agree and understand that my typed signature is the equivalent of my manual/handwritten signature.

Please email completed form to:
Donna Jacoby
Early Childhood Associate Director
donna.jacoby@jcjax.org