



## 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) \_\_\_\_\_

Parent(s) Occupation(s) \_\_\_\_\_

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 loviess, 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](mailto:donna.jacoby@jcjax.org)