



New Preschool and Prekindergarten Family Questionnaire

Please attach your child's photo or a family photo to the top of this questionnaire.

Child's Name: _____ Age (as of today): _____

Child's Nickname: _____ Birthday: _____

What setting was your child in last year (daycare facility, full day preschool, relative's house, etc.)?

- How many hours was he/she outside of the home? _____
- How many other children was your child in this setting with? _____

Home Life:

Who lives in the home? Who is/are the child's primary caretaker(s)?	
Does the child have any brothers and sisters (names, ages)? <i>(Please note if they attend DC Prep.)</i>	
Have there been any major changes in the household since your child has been born? <i>(A new sibling, change in primary caregiver, death of a close family member, etc....)</i>	
Has your family experienced homelessness or unemployment since your child was born?	
What is your primary form of discipline with your child? How do you guide your child's behavior to do something when he/she does not want to?	
Has your student been Toilet Trained? If so, for how long? Does your child have any issues related to going to the toilet or bowel problems? <i>(Please provide specific details around use of pull-ups during nap and nighttime, frequency of accidents, approach you and/or your doctor are taking, need for resources for potty training, etc.)</i>	
How many hours does your child sleep at night? How many hours does your child nap each day? <i>(Please include any specific routines that you may use with napping that you think are important for us to know.)</i>	

Personality:

How would you characterize your child’s interaction with family members, friends, teachers, other adult figures? Check all that apply.

Shy		Cooperative		Strong-willed	
Outgoing		Creative		Easily Distracted	
Playful		Curious		Moody	
Inquisitive		Defiant		Bossy	
Talkative		Demanding		Loving	
Sneaky		Perfectionist		Cautious	

Child Background Information:

I have had questions or concerns about the following areas of my child’s development or experience, at some point since birth. Check all that apply.

Medical and Developmental		Daycare/preschool experience	
Crawling, sitting, standing, walking		Struggled with Drop-off	
Speaking and social relationships		Participated in therapy of any kind (all types, including art/music/play therapies/physical therapy, speech, etc.)?	
Eye contact, smiling, interactions, babbling, crying		Ran out of a classroom, home or building without an adult or unprompted?	
Any unexpected or sudden falls, emotional events, other major changes or traumas -		Extended/ Intense Tantrums (i.e., pushing furniture, kicking, hitting, very loud, etc.)	
Any recurring illnesses (ear infections/bronchitis/sinusitis/stomach ailments, etc.), fevers, surgeries, fussiness, sensitivities, etc.		Aggression toward adults or other students (i.e., kicking, hitting, shoving, etc.)	
A chronic condition (asthma, serious allergies, sickle cell, etc. (this may all be covered below)			
Currently taking medication (prescription or over the counter)			

I Want My Child’s Teachers to Know...

Please use the space below for any other comments, concerns, questions, or effective strategies that you use at home with your child not mentioned above.

All questions are optional. Your responses will help our team be best prepared for supporting your child and making their transition into DC Prep a strong one. Responses have no impact on enrollment; your child is an official DC Preppie!

Guardian (Print Name): _____

Guardian Signature: _____

Date: _____