



# GETTING TO KNOW YOUR CHILD..

We greatly appreciate you taking the time to complete this questionnaire. It enables us to develop a better understanding of your child and their needs.



**Child's Name:** \_\_\_\_\_

Parents Names:

e-mail:

Contact Number(s) in the order you want contacted:

- 1.
- 2.
- 3.

1. Has your child had previous group experience (preschool, day care, Sunday school, story time. etc.)

YES NO

When? \_\_\_\_\_

Where? \_\_\_\_\_

2. Is your child potty trained? YES NO

3. Does your child have a nickname \_\_\_\_\_

a. What name would you prefer them to learn to write? \_\_\_\_\_

b. Is your child left handed or right hand? \_\_\_\_\_

4. Has your child had any special needs /services we should be aware of? \_\_\_\_\_

5. Does your child have any allergies? \_\_\_\_\_

6. What do you hope your child gains from HKCS Preschool experience? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_