

STUDENT QUESTIONNAIRE

I. Child's Information

A. _____
Child's Name

B. _____
Date of Birth

C. Will your child be having **PACKED LUNCH** or **SCHOOL LUNCH**?

D. My child uses his/her **RIGHT / LEFT** hand.

E. My child has a history of temper tantrums. **YES / NO**

Please Explain: _____

F. How are the temper tantrums handled at home? _____

G. How is your child disciplined at home? _____

II. Likes and Dislikes

A. Things my child does well include _____

B. Things my child needs help with include _____

C. Favorite Foods? _____

D. Favorite Book? _____

E. Favorite Toy? _____

F. Favorite inside activities? _____

G. Favorite outside activities? _____

H. My child prefers to play: ____ **Alone** ____ **With Others**

I. My child needs the most attention in the following area _____

J. My child has the following fears/anxieties _____

K. Is your child under a doctor's care? **YES / NO** If yes, please explain:

III. For Younger Children

- A. Is your child potty trained? **YES / NO**
- B. Does your child need bathroom assistance? **YES / NO**
- C. Does your child need bathroom reminders? **YES / NO**
- D. Does your child nap at home? **YES / NO**

If yes, please describe your child's nap routine (nap times, length, preferences, etc.):

IV. Medical Information

A. Please check off any health issues that the teachers should be aware of:

- | | | |
|------------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Vision | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Hearing | <input type="checkbox"/> Other |

Additional health issues or information? _____

B. What is the treatment plan for your child's health issue(s)? _____

NOTE: You must submit a complete *Physician and Parental Authorization Form* for each medication and/or treatment to be administered at Starmaker School.

C. My child has had _____ Measles _____ Chicken Pox _____ Mumps
Date Date Date

D. My child will need the following equipment and/or routines on a regular basis

E. My child has specific social and emotional needs _____

V. Family Information

- A. Number of Pets _____
- B. Number of adults in household _____
- C. Number of children in household _____

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- D. Are the parents of this child separated or divorced? **YES / NO**
If yes, did this occur recently? **YES / NO**
What are the custody arrangements? _____

Please state the relationship with the non-custodial parent _____

NOTE: If applicable, please submit a copy of the custody arrangements to the office.

- E. Is your child adopted? **YES / NO** If yes, is your child aware? **YES / NO**
- F. Primary language spoken at home _____
- G. Secondary language spoke at home _____
- H. Religious preference _____
- I. Would you be willing to share your religion with our classes? **YES / NO**
- J. May your child participate in saying grace? **YES / NO**
- K. Ethnic background of your child _____

- L. Can we photograph your child for school events and newsletters? **YES / NO**
- M. We incorporate learning about different cultures and religions in our curriculum. Are you open to allowing your child to learn about other cultures and religions? **YES / NO**
If no, please explain _____

VI. General Information

- A. Previous care or school arrangements? _____

B. Why did you choose to find new care? _____

C. Any issues that we should be aware of? _____

D. Please list any talents or skills that you would be willing to share with your child's class or the school.

Parent/Guardian Signature

Date

Parent/Guardian Name (s)