

St. Joan of Arc Catholic Preschool
Family Information Survey

Child's Name _____ DOB _____

Please select all that apply

Ethnicity: Caucasian Hispanic Asian African-American Native-American Other-Specify Below _____

Person completing this form: _____ Date: _____

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Marital status of parents _____

Who is legally responsible for the student: Both Mother Father Other _____

Child lives with: Both parents Mother Father Other _____

List persons living at your house:

	<u>Name</u>	<u>Relationship to Child</u>	<u>Age</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Language spoken in home: _____

Additional languages spoken in the home: _____

Registered Catholic: _____ Parish Name: _____

What is your child's favorite activity? _____

What is your child's least favorite activity? _____

Using 3 words, describe your child: _____

What are your child's strengths? _____

Does your child have any specific fears? _____

In what areas would you like to see your child develop?

Has your child ever attended Preschool, or any other school, before? If yes please list the names of the schools.

If your child has ever attended SJA Preschool please list teacher's names.

How does your child feel about coming to Preschool?

Is there anything that he/she is looking forward to doing or trying?

Does your child have any special concerns about Preschool?

What do you hope to get out of this Preschool experience?

How would you characterize your child's temperament? Ex (sensitive, shy, active, enthusiastic, energetic)

Has your child ever received an assessment or evaluation (medical, neurological, psychological, or educational)?

If so, by whom?

If yes, please describe and attach results.

Please share any further information that may help us better meet your child's needs. All information provided remains confidential.

Signature:

Date:
