



## JUNIOR ACADEMY CHILDREN'S CENTERS

Dear Parents:

Please take a few moments to fill out this questionnaire about your child in order for us to better serve you and your child's needs. Feel free to use additional paper as necessary. We would like to thank you in advance for providing this useful information.

1. Child's Name \_\_\_\_\_
2. By what name do you usually call your child? \_\_\_\_\_
3. Does your child have any disabilities including allergies that we should be aware of? If so, please explain.  
\_\_\_\_\_  
\_\_\_\_\_
4. Does your child have bladder control? \_\_\_\_\_
5. Does your child have bowel control? \_\_\_\_\_
6. Does your child need reminding about going to the bathroom? \_\_\_\_\_
7. If your child has attended preschool before, was the experience enjoyable?  
\_\_\_\_\_
8. Does your child have tantrums? \_\_\_\_\_
9. If our child has unusual fears, what are they?  
\_\_\_\_\_
10. Does your child have any difficulty saying what he/she wants or do you have any trouble understanding his/her speech? \_\_\_\_\_
11. What foods does your child like? \_\_\_\_\_
12. What foods does your child dislike? \_\_\_\_\_
13. Does your child take a bottle, sippy cup, or pacifier? \_\_\_\_\_

14. Does your child feed him/herself? \_\_\_\_\_

15. Does our child have a comfort item (a stuffed animal, blanket, etc.)?  
\_\_\_\_\_

16. List the names and ages of other children in your family. \_\_\_\_\_  
\_\_\_\_\_

17. What are your child's favorite toys and activities?  
\_\_\_\_\_

18. What do you see as your child's strengths?  
\_\_\_\_\_

19. What concerns do you presently have for your child?  
\_\_\_\_\_  
\_\_\_\_\_

20. In what ways would you like to see your child develop during the school year?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Additional Information  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_