



Rocking Horse Preschool

Enrollment Questionnaire

Dear Parents:

Will you please take a few moments to answer the questions below? This will help us to get to know your child better. Thank You!

1) Your child's name (as you want them to be addressed in school): _____

2) Please list the names of people living in the same household as your child:

3) Has your child had preschool or play-group experience? If yes please provide name of school and how many years attended.

4) Does your child have any speech / hearing problems?

5) Does your child have any health problem or allergies we should be made aware of?

6) Does your child have any special interests?

7) What types of activities does your child like to participate in?

8) Is your child afraid of anything?

9) What skills has your child acquired?

(Please remember none of these skills are necessary for enrollment)

- | | |
|-------------------------------------|------------------------------------|
| _____ Can say full name | _____ Knows the names of colors |
| _____ Can use the toilet themselves | _____ Like's to listen to stories |
| _____ Can button own clothing | _____ Can zip own clothing |
| _____ Has experience with crayons | _____ Has experience with scissors |

10) Is there anything else you would like us to know about your child?

We are looking forward to a fun and exciting school year and getting to know you and your child better!

Ms. Woods and Ms. Leshner