

Saint Andrew Catholic School  
Pre-School Family Questionnaire

*Please help us to get to know you and your child. We look forward to forming a partnership with you as the primary educator of your child, together we support each other in helping your child to become the best person that they can be.*

**Student's Name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

Please list the members of your household and their relationship to the child:

Please explain why you have chosen a Catholic school for your child:

Describe what is most important to you as a family:

Describe some of the qualities you really appreciate about your child:

Does your child have any special medical history (premature birth, surgeries, developmental delays)?

Describe how your child interacts with other children:

Does your child play independently? *Please describe:*

Describe your child's daily routines and self-help skills:

What kind of activities does your child especially like to do at home?

How does your child respond when frustrated?

Describe how your child reacts to changes in activity or location:

Describe your child's personality:

How do you discipline your child?

Does your child have any special fears?

How would you describe your child's energy level?

What time does he/she go to bed?

How much screen time does your child have per day (TV, movies, video games, computer)?

The things my child does that please me most are:

The things my child does or does not do that concern me the most are:

The activities that my child and I do together are:

My child has allergies to:

My child began to talk at \_\_\_\_\_ months and walk at \_\_\_\_\_ months.

My child has some difficulty \_\_\_\_\_, no difficulty \_\_\_\_\_ with verbal expression.

Is your child completely potty trained, including dry at night? If not, what strategies are you using to work on this? (*We expect each child to be potty trained and quite independent regarding bathroom routines*)

My child sleeps through the night \_\_\_\_\_, wakes frequently \_\_\_\_\_.

My child is independent \_\_\_\_\_, dependent for his/her age \_\_\_\_\_.

Activities that my child enjoys the most:

Activities that my child enjoys the least:

Does your child accept correction easily?

The qualities that I love most about my child are:

My child usually eats \_\_\_\_\_ for breakfast:

Please share with us any other information you believe will help us care for your child:

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please return the completed form by June 1<sup>st</sup> to:*

*Saint Andrew Catholic School*

*Attn: Mary Gillilan*

*3304 Dryden Road*

*Fort Worth, TX 76109*

*(817) 924-8917*

*(817) 921-1490*

*mgillilan@standrewsch.org*