



**St. Pius X Catholic School Kindergarten Questionnaire**

**Please help us become better acquainted with your child by completing the following information.**

Your child's full name: \_\_\_\_\_

The name your child will use at school: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Other children in your family (with ages): \_\_\_\_\_

\_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Child lives with: Mother and Father \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

Are there any recent family events or changes (ex. Death, divorce, new siblings, moving, any family member not permitted to see your child) that you feel we should know? \_\_\_\_\_

\_\_\_\_\_

Your child's favorite activities: \_\_\_\_\_

Is your child left-handed, right-handed, or able to use both hands equally well? \_\_\_\_\_

A good teacher for my child is one who... \_\_\_\_\_

\_\_\_\_\_

Do you have any special talents or hobbies you would be willing to share with us? \_\_\_\_\_

\_\_\_\_\_

How many years of preschool or day care has your child experienced? \_\_\_\_\_  
\_\_\_\_\_

Name of preschool or day care: \_\_\_\_\_

Does your child sit and engage in books? (i.e. looking at pictures, reading words) \_\_\_\_\_  
\_\_\_\_\_

What are your child's major strengths? \_\_\_\_\_  
\_\_\_\_\_

How does your child get along with other children? \_\_\_\_\_  
\_\_\_\_\_

Would you like to become involved in the classroom or school? \_\_\_\_\_

Are you interested in helping in any particular area? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_