



## *Parent Questionnaire*

Date \_\_\_\_\_

Child's Name/Birth Date \_\_\_\_\_

Parent(s)/Guardian(s) name \_\_\_\_\_

Parent(s) Email \_\_\_\_\_

Name you would like your child to be called and learn to recognize/write:

\_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

\_\_\_\_\_

Does your child have any vision or hearing concerns that we could help accommodate?

Yes  No  If yes, please explain. \_\_\_\_\_

Is your child allergic to any food item (s)? \_\_\_\_\_

Is your child allergic to bees or are you aware of any other allergies? \_\_\_\_\_

Does your child have any special interests? \_\_\_\_\_

What is your child's favorite color? \_\_\_\_\_

Is there anything not covered that you would like us to know about your child?

\_\_\_\_\_

Is there a determined hand preference (left or right)? \_\_\_\_\_

Are you a member of Faith Lutheran Church? \_\_\_\_\_

If no, what is your church affiliation? \_\_\_\_\_

## *Volunteer Information*

Would you like to or does your schedule permit you to help in the classroom? Yes  No

Do you have a skill, hobby, or occupation that you might be willing to share with the class? If so, please explain. \_\_\_\_\_