



# QUESTIONNAIRE

Child's name \_\_\_\_\_ Class time and days \_\_\_\_\_

Was Page 1 Preschool recommended to you? \_\_\_\_\_ If so, by whom? \_\_\_\_\_

If not, how did you here about us? \_\_\_\_\_

Did you view more than one program? \_\_\_\_\_ Please list the name(s) of the program(s) viewed or your child previously attended:

\_\_\_\_\_  
\_\_\_\_\_

Why did you choose Page 1 Preschool? (Circle all that apply)

Cost            Location            Classrooms            Teachers  
Cleanliness    Recommendation            Class size            Program quality

Other reason \_\_\_\_\_

What do you hope your child will gain from our preschool program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your child's typical response to being left with someone other than his/her parents?

\_\_\_\_\_  
\_\_\_\_\_

How does your child react when upset? \_\_\_\_\_

Does your child have any specific fears at this time? \_\_\_\_\_

Is your child receiving any services for speech, occupational therapy or physical therapy? \_\_\_\_\_

**Please list:**

Provider Name \_\_\_\_\_

Agency they work for \_\_\_\_\_

*Day(s) services are provided* \_\_\_\_\_ *Time* \_\_\_\_\_

*Date services began or will begin* \_\_\_\_\_

Does your child receive or require any other services not listed above? Please explain below.

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**\*If your child does not receive any services:**

Do you have any concerns about your child's speech or motor skills at this time? \_\_\_\_\_

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Would you like to speak to the director about free, confidential screenings and services available through your school district? \_\_\_\_\_

Are you interested in volunteering ?

- \_\_\_\_\_ In a classroom
- \_\_\_\_\_ Preparing classroom materials
- \_\_\_\_\_ Fundraising assistance
- \_\_\_\_\_ Cutting Campbell's labels
- \_\_\_\_\_ Cleaning toys

If so, when are you available? \_\_\_\_\_

**Please list any changes that may have changed since you filled out your child's application:**

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