

**MOTHER LODE CHRISTIAN SCHOOL**  
**PARENT QUESTIONNAIRE**

Name \_\_\_\_\_ of \_\_\_\_\_ child:  
\_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Father's name: \_\_\_\_\_

Mother's name: \_\_\_\_\_

With whom has the child been living?  
\_\_\_\_\_

Pre-school experience: \_\_\_\_\_  
\_\_\_\_\_

How long? \_\_\_\_\_

**School Adjustment**

1. Is your child able to sit still and listen to a story for 10 minutes?  
\_\_\_\_\_

2. Does your child listen without interrupting while someone else talks?  
\_\_\_\_\_

3. Is your child able to share and take turns?  
\_\_\_\_\_  
\_\_\_\_\_

4. Does your child know his/her phone number? \_\_\_\_\_

Address? \_\_\_\_\_

6. What do you expect your child to acquire through the kindergarten experience?  
\_\_\_\_\_  
\_\_\_\_\_

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7. What else would you like your child's teacher to know about your child?

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8. Would you be interested in occasionally sending a food ingredient for the classroom cooking program? \_\_\_\_\_

9. When is the best time to meet with you? Please circle one.

Mother      morning      afternoon      evening      anytime

Father      morning      afternoon      evening      anytime

9. Does your child have any food allergies? (If so, please specify):

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