

Prospective Parent Questionnaire  
St. Joseph School Pre-Kindergarten

**Applicant Information**

Child's Full Name \_\_\_\_\_

Prefers to be called \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Current School or Day Care \_\_\_\_\_

**Parent Questions**

Thank you for your continued interest in the St. Joseph School Pre-K Program. We appreciate your thoughtful responses to the questions below, which will allow us to better know your child and family. Please mail this completed form back to the following address:

**St. Joseph School  
Attention: Pre-K Admissions  
1225 Gallatin Road South  
Madison, TN 37115**

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**Please describe your child's temperament:**

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**Please describe your child in new situations:**

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**Please describe your child's naptime and bedtime routine:**

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**What activities do you enjoy as a family?**

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**Please describe any changes in your family, i.e., birth of a sibling, a significant loss, change in child care, etc. that have had an impact on your child.**

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**Please list siblings and their ages, and then describe your child's relationship with each.**

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**How much responsibility do you give your child on a daily or weekly basis?**

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**Who cares for your child when you are not available?**

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**Please describe any hospitalizations.**

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**Please describe your child's development in the following areas:**

**Speech/Language**

**Eyesight/Hearing**

**Social/Emotional**

**Sleep Habits**

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**Are there any health or dietary restrictions for you child or your family about which we should be aware?**

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**Has your child ever had any educational or diagnostic testing? If yes, please describe.**

Please print name of person completing this form. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_