

# Ascension Preschool

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## Questionnaire

### Identifying Data:

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

Preferred Name: \_\_\_\_\_ Birthplace: \_\_\_\_\_

### Family Data:

Please tell us about the members of your child's usual household (names, relationships and ages of siblings) \_\_\_\_\_

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

Please describe any circumstances you think we should be aware of (adopted child, divorce, death, alliances, accidents, medical problems...) \_\_\_\_\_

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

What are some of your child's favorite activities? \_\_\_\_\_

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

What activities are done as a family? \_\_\_\_\_

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

What is your religious preference? \_\_\_\_\_

Where is your church membership? \_\_\_\_\_

**School Data:**

Has your child had any previous school, play-group or daycare experience? \_\_\_\_\_

Please describe \_\_\_\_\_

\_\_\_\_\_

How do you anticipate your child will adjust to Ascension preschool? \_\_\_\_\_

\_\_\_\_\_

What are your expectations of the Ascension Preschool program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child's Behavioral Patterns and Habits:**

Does your child have any particular habits or mannerisms, such as thumb sucking or nail biting?

Please describe? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any particular fears such as dogs, loud noises or sirens? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have nightmares or night terrors? \_\_\_\_\_

\_\_\_\_\_

In general, how does your child react to stressful situations? Describe the reactions (cry, withdraw, throw tantrums)?\_\_\_\_\_

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What is your “philosophy” of discipline? What is your accustomed mode of disciplining your child? \_\_\_\_\_

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Does your child have any speech issues we should be aware of? \_\_\_\_\_

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Does your child speak english?\_\_\_\_\_ Any other languages?\_\_\_\_\_

Does your child have any allergies? If so, please specify.\_\_\_\_\_

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Is your child potty trained for urine? \_\_\_\_\_ for bowels? \_\_\_\_\_

Does your child have any particular words for toileting we should know of?\_\_\_\_\_

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Do you have any concerns about your child's toilet habits? \_\_\_\_\_  
\_\_\_\_\_

Does your child sleep well? \_\_\_\_\_

Does your child usually nap? \_\_\_\_\_ If so, how long? \_\_\_\_\_

Do you have any concerns about your child's sleeping habits? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any learning disabilities, emotional challenges or physical limitations?

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

Is there anything else in your child's developmental history that we should be aware of?

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