

Pre-K Phase in Questionnaire

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

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ Yonkers, NY 107 \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mom Cell/work: \_\_\_\_\_

Mom's email: \_\_\_\_\_

Dad Cell/work: \_\_\_\_\_

Dad's email: \_\_\_\_\_

Birthday: \_\_\_\_\_

Any allergies or foods not permitted: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Circle one: Left or Right handed

Previous Preschool/Daycare: \_\_\_\_\_

Siblings (name and ages) \_\_\_\_\_

Special Interest: \_\_\_\_\_

Any other information you want us to know: \_\_\_\_\_

\_\_\_\_\_

**Pick up** information:

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Bus # \_\_\_\_\_ Stop: \_\_\_\_\_