

Lemon Tree Preschool Questionnaire

Please print, fill out, and email to lemtreepreschool@gmail.com

Child's full name: _____

Child's DOB: _____

Child's nickname (if preferred): _____

Parent's/Guardian's name(s): _____

Days and Time Interested: _____

Date interested in beginning: _____

List any allergies: _____

List any special needs: _____

Does your child have any behavioral issues: _____

Is your child fully potty trained: YES NO

Is your child currently potty training: YES NO

Has your child ever been kicked out/expelled from childcare or preschool:

 YES NO

List places previously enrolled: _____

Child's sleeping habits at home: _____

Does your child nap: YES NO

List any fears your child has: _____

Please list your child's favorite:

Food: _____

Song: _____

Book: _____

Toy: _____

Game: _____

Indoor and outdoor activity: _____

Is your child a picky eater: _____

Are there any traditions or special holidays celebrated at home (cultural):

Please list five words that best describe your child:

Please list any other concerns or information we should know:
