



## Preschool Family Questionnaire

Parent(s) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Child First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Which schedule are you considering?

\_\_\_\_\_ Full-Day    \_\_\_\_\_ Half-Day

How many days per week?

\_\_\_\_\_ 5    \_\_\_\_\_ 3    \_\_\_\_\_ 2    Which days? Please circle: M T W TH F

How many months per year?

\_\_\_\_\_ 12 months    \_\_\_\_\_ 10 months

When are you interested in beginning?

\_\_\_\_\_ 20\_\_\_\_\_  
*Month*                      *Year*

What do you want your child taught about God?

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List three priorities regarding the education of your child.

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\_\_\_\_\_  
Mother/Guardian Signature    Date

\_\_\_\_\_  
Father/Guardian Signature    Date