



The Children's Workshop, Inc.

PO Box 493
North Kingstown, RI 02852
(401) 884-8966

Entrant Questionnaire

Please answer all questions as briefly and completely as possible. Accurate information will help to provide a positive pre-school experience for your child.

Thank you for your cooperation.

Child's name: _____ Date of Birth: _____

Nickname: _____

Family/Social History

List siblings and their ages:

1.	4.
2.	5.
3.	6.

Are there any other people that reside with your child? Please list their names, and their relationship to him/her (Grandparent, aunt, friend)

1.	3.
2.	4.

List the ages and genders of your child's playmates:

Does your child have any special interests or abilities?

Describe any previous group experiences your child has had (church school, story hour, etc.)

Did your child enjoy this experience? Please include information about his/her play with other children:

How does your child respond to other adults?

Do you anticipate that your child will have any special needs?

Does your child have any particular behaviors or fears that would be helpful to know about?

Please describe your child's toilet habits. Will they need help or are they self-sufficient?

Please describe your child's eating habits (likes, dislikes, allergies):

Please list any illnesses or hospitalizations your child has had:

Please describe your child's favorite activities, both active and passive:

What do you anticipate your child's reaction to this program will be?

What aspects of this program are most important to you and your child?
