

Mililani Community Church Preschool

95-1100 Kaapeha Street, Mililani, HI 96789

Preschool@MCCHawaii.org 808-638-1938

New Student Only: Please help us to know your child better by filling out this questionnaire. Please fill out completely and accurately as possible. Your answers have no effect on your child's enrollment. Please use additional sheets if needed. Please use the questions numbers as reference to your answers. Thank you.

Name of child: _____

Birthdate: _____ Age (yr/mo) _____ Enrollment / Start Date: _____

1. This Form was filled out by: ☐ Father ☐ Mother ☐ Legal Guardian ☐ Other _____

2. Child lives with: ☐ Father ☐ Mother ☐ Legal Guardian ☐ Other _____

3. Other members in your household (please list relationship to child and also their age if under 18):

a.

b.

c.

4. Please briefly describe your child's personality.

5. Your child's favorite book(s), how often/long do you read with them?

6. Your child's favorite TV show or movie, how often do they watch?

7. What activities do you do with your child? Is he/she part of a play group or extracurricular activities?

8. Where are some places you go with your child?

9. What are your child's favorite outdoor activities? Favorite indoor activities?

10. Does your child nap? ☐ no ☐ yes, how long (hrs/min)? _____ What time(s)? _____

11. What time does your child regularly wake up in the mornings?

12. What time does your child regularly sleep at nights?

13. How many hours of sleep does your child get at nights on average?

14. Does your child eat regularly? ☐ yes ☐ no, how often?

15. What are your child's favorite foods?

16. Does he/she have dislikes? Does he/she readily try new foods?

17. Is your child potty trained? ☐ yes ☐ no, have you started potty training? ☐ yes ☐ no

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18. How often does your child go to use the bathroom?
19. Can they pull down, pull up their own clothing? ☐ yes ☐ no
20. Can they use the toilet tissue to wipe urine and bowel movement on their own? ☐ yes ☐ no
21. Is your child using the potty-training seat or sitting on a regular toilet seat?
22. How do you discipline your child at home? Do you find that your child readily accepts correction? Or has difficulty accepting corrections?
23. Does your child have temper tantrums? ☐ yes ☐ no Cry excessively? ☐ no ☐ yes, when do they often occur?
24. How does your child respond to meeting new people?
25. Any physical, emotional, social, cognitive or other special concerns you may have?
26. If yes, have you discussed this with your child's physician, seen a specialist, have he/her tested?
☐ no ☐ yes, please explain.
27. Any additional comments or concerns: