



Family Questionnaire

Our desire at Gateway Preschool Academy is to partner with parents to provide a thriving environment for your child. We would like to know a little more of your child.

Child's Full Name: _____

Preferred Name (if different from above): _____

List the adults who live in your child's home:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

List other children who live in your child's home:

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Primary language used at home: _____

Has your child been to a preschool/daycare before?

- If yes, what is the name of the preschool/daycare: _____
 - How long was your child there? _____
 - What was your reason to separate from the preschool/daycare? _____
 - In order to best transition your child, would you grant permission for GPA to contact the previous preschool/daycare? ___ Yes ___ No
- If no, who was your child's primary caregiver before: _____

Do you attend a church? ___ No ___ Yes.

If yes, name of church: _____

How did you hear about us? Check all that apply:

___ Family/Friend ___ Internet ___ Drove By ___ Other: _____

Your child's teacher would like to schedule a **HOME VISIT** with you during the first month of enrollment to learn more about your family and build a trusting relationship with your child. During this season, Home Visits will be conducted virtually via Zoom. Your child's teacher will reach out to you in the coming weeks to arrange a time.

What are your child's strengths?

When does your child feel most loved? Check the top two:

Words Physical affection Gifts Actions Spending time together

Please describe the form of discipline used in your home for unacceptable behavior?

What are your **expectations** for your child in preschool? What skills do you hope your child will gain?

Does your child have any dietary restrictions? If yes, please list them.

We would like to know about your **child's name**? What does the name mean? How did you choose it?
What makes it special to you?

What else would you like us to know about your child?
