



United Faith Christian Preschool

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Parent Questionnaire (2018-19) for all Preschool Applicants

The more we know about your child, the better we can make their preschool experience. The below questions are intended to gather information for that purpose. Please fill out as thoroughly as possible. This information sheet is for all preschool classes. Please be aware that questions cover a wide range and not all will pertain to your child.

Child's Name: _____ Birth Date: _____ Sex: Male _____ Female _____

Preferred Name: _____ Primary Language Spoken at Home: _____

Known High Risk Allergies: _____

Known Allergies: _____

Child's Appetite: Good _____ Fair _____ Poor _____

Does your child have difficulties with vision, hearing, or speech: Yes _____ No _____ If yes, please explain: _____

How many hours of sleep does your child get at night? _____

Does your child use a pacifier or suck their thumb? Yes _____ No _____ If yes, which: _____

Does your child have a "blanket" or special "lovey" they carry? Yes _____ No _____

Does your child demonstrate any separation anxiety? Yes _____ No _____ If yes, please describe effective techniques that may help in transitioning: _____

How would you describe your child's interaction with other children their own age, (timid, aggressive, enters into activities quickly, reserved, etc.): _____

If your child is 3 years or older, are they potty trained? Yes _____ No _____ (Not required for the 3's class.)

Any other information about your child that would be helpful for us to know: _____

Additional Comments: _____