



FAMILY QUESTIONNAIRE

Child's Name _____ Preferred nick name _____ Child's D.O.B. _____

1. Has your child attended preschool/child care before? _____
If yes, for how long? _____
Name of your child's present or most recent school _____

2. What are your child's favorite activities and interests?

3. Please comment on your child's interaction with peers and adults. Does he/she have any siblings?

4. Why do you think Fairwind Learning Center would be the right fit for your child?

5. Please share anything else that would be helpful to know about your child?

Completed by: _____

Date: _____