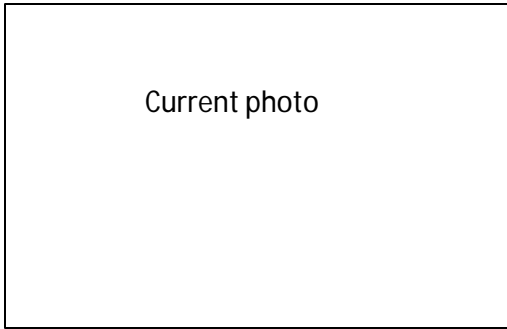


AG Bell Kindergarten Questionnaire

Current photo



Child's Name _____

Nick name? _____

Birthday _____ current age _____

Mother's Name _____ phone _____

Employer _____ phone _____

Best email for Kindergarten Communication —**please print clearly!!**

Father's Name _____ phone _____

Employer _____ phone _____

Best email for Kindergarten Communication —**please print clearly!!**

Did your child attend preschool? If so, where?

How is your child feeling about starting kindergarten?

Has your child's entry into kindergarten been postponed or pushed forward by one year?

___yes ___no

If yes, please explain

Are there any special needs or situations (family changes, etc.) that we should be aware of?

Does your child have any special interests/hobbies? (Knowing these helps us to connect more quickly with your child.)

Does your child have any allergies?

Please circle the characteristics that strongly apply to your child:

Assertive	active	artistic	temper tantrums	daydreams	sucks fingers
Musical	verbal	athletic	cries easily	energetic	shares easily
Impatient	sulks	social	easily angered	inquisitive	cooperative
Creative	fearful				