



A Cooperative Preschool
605 North Revere Road
Akron, Ohio 44333
Phone: (234) 602-0365

Preschool Questionnaire

4-Year-Old Program (must be 4-years-old by 9/30/2022)

For all forms, do not leave any blanks. If the question does not apply write "NA"s on the line.

Child's Name: _____

What name does your child go by? _____

Gender: Male Female

Birthday: _____

Address: _____

Name of Parent: _____

Address: _____

Telephone Number: _____

Email*: _____

Workplace: _____

Name of Parent: _____

Address: _____

Telephone Number: _____

Email*: _____

Workplace: _____

*Please note that we will use this email address to communicate important school information with you throughout the school year. The email included on this line will receive weekly updates from the teacher as well as the monthly newsletter.

The Preschool is A RACIALLY NON-DISCRIMINATORY ORGANIZATION. In order to maintain an IRS tax-exempt status, it is required that records be maintained indicating the racial composition of the student body.

I hereby agree to hold harmless and indemnify West Hill Baptist Church against all claims, costs and liability that may arise from the operation of the Preschool in Montrose, unless said claims, costs or liability arise from circumstances that are beyond the control of the Preschool in Montrose.

Parent/Guardian Signature: _____ Date: _____



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Preschool Questionnaire Continued

Who will be bringing your child to school and what is their relation to your child?

Special interests of the family:

Does your child have any particular problems at home or physical disabilities that we should know about?

Please list other members of household, aside from parents:

Name	Relationship	Age
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Is your child familiar with the basic supplies such as crayons, paints, and scissors, etc.?

Is your child left-handed or right-handed? _____

How did you initially hear about our Preschool? (Please check all/any that apply)

Summer Story Time ____ West Side Leader ____ Facebook ____ Word of mouth ____

Who were you referred by? _____

Other, please explain: _____

Parent/Guardian Signature: _____ **Date:** _____



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Health Questionnaire

This is for Teacher information only. It is used to help the teacher to better understand your child.

Is your child fully toilet trained and dry at night?

Can s(he) handle all toileting needs alone

What words does s(he) use for toileting?

Does s(he) sleep well at night? (How many hours?)

Does your child speak clearly enough so that strangers can usually understand?

Has your child ever been left with anyone other than a family member?

What is her/his usual reaction to stress – crying, withdrawal, tantrums...?

What is your usual method of discipline?

COMPLETION OF THE SECTION IS REQUIRED FOR ADMISSION

It is my understanding that I am expected to participate as a parent volunteer with the other parents each semester and that I will fulfill this commitment. I agree to volunteer or accept assigned days or assume responsibility to find another co-op parent to replace me to fulfill my obligation. Also, I understand that it is my responsibility to help the cooperative preschool by serving on committees and supporting fundraising projects.

Parent/Guardian Signature: _____ Date: _____