



4K Scholar Questionnaire

Dear 4K Parents,

Please fill out the following questionnaire and return it to your scholar's teacher or CLCA office as soon as possible.

Scholar's preferred name: _____

Please list any siblings your child has and ages.

What school do the siblings attend? _____

Who lives at home with your child? _____

I'd describe my child as _____

One important thing for you to know about my child is _____

My child's strengths include:

List some activities your child is most interested or involved in.

What is something your child does not enjoy? _____

What motivates your child? _____



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What hopes or goals do you have for your scholar this academic year?

Has your child attended preschool or childcare previously? _____ If yes, where? _____

Is your child currently (or was previously) supported by Birth to 3 or the EC program through the school district (OT, PT, Speech)? _____

Is your child baptized? _____

Do you have a church home? _____ If yes, what church _____

For Scholars Staying for After Care ONLY

Does your child typically nap? Circle one: Daily Occasionally Almost Never

If your child naps, are you (circle one)

- ★ ok with letting him/her sleep as long as possible (usually no more than 2.5 hours)
- ★ would like him/her to be woken after a certain length of time

Does your scholar have a particular blanket or stuffy he/she needs for rest/naptime? _____

Can your scholar leave nap items at school all week or do they need to come back and forth each day

Does your child have any food allergies? _____ If yes, please list

