

Parent Questionnaire for K3, K4, & Kindergarten



form **EC-02**
year **16-17**

Applicant's Legal Last Name

Applicant's Legal First Name

Social

Does your child have neighborhood playmates? Yes No

Is your child a leader or a follower? Leader Follower

If 'Yes' to playmates above, specify ages:

In what organized, structured, or group activities has your child participated (Gymboree, sunday school, etc.)?

How does your child get along with other children?

Care & Environment

Who has cared for your child other than the parents (day care, Gymboree, older siblings, etc.)? State whether adult or teenagers:

Using the chart below, list other members of the household in which the child lives.

If parents are divorced or separated, explain custodial and visiting arrangements:

Relationship

Age

Relationship	Age

Activities

What are your child's favorite activities?

How many hours per day does your child watch TV, including movies?

What is your child's favorite TV program or movie?

How much time per day does your child spend using the computer and/or playing video games?

How often do you read to your child?

Development

Your child sat up alone at how many months?

Walked alone at how many months?

First sentences and phrases at how many months?

Is your child potty trained? Yes No In Progress

What languages does your child speak?

What was the first language your child spoke?

Was your child's rate of growth normal? Yes No

If No, please explain:

You would consider your child: Very Active Active Inactive

Does your child exhibit any of these common childhood behaviors (check all that apply)?

- Thumbsucking
 Bedwetting
 Strong Fears
 Sleeplessness
 Temper Tantrums
 Nervousness
 Nightmares
 Other:



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