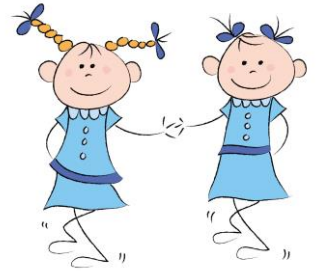




# Doyle Elementary School Kindergartener-To-Be Questionnaire



We would like to know a little about your special Kindergartener-To-Be!  
Please complete and return this form. Thank you from the Kindergarten team!

Child's full Name \_\_\_\_\_

My child likes to be called \_\_\_\_\_

My child's birthday is \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Contact person and telephone number in case of an emergency:

\_\_\_\_\_

Does your Kindergarten child have one or more siblings attending Doyle? If yes, please list names:

\_\_\_\_\_

How does your child like to spend his/her time?

\_\_\_\_\_

How does your child seem to learn most easily? (hands-on, visual, auditory?)

\_\_\_\_\_

What is/are your child's favorite book(s)?

\_\_\_\_\_

Did your child attend preschool? If yes, which one and how long?

\_\_\_\_\_

What do you see as your child's strong points and unique qualities?

\_\_\_\_\_

Special needs or concern that I would like the teacher to know about my child (allergies, health conditions or any other information):

\_\_\_\_\_

**If you have a custody agreement, please provide a copy to the office before your child's first day of school.**