



KOG Parent Questionnaire 2021-2022

Thank you for taking the time to complete this questionnaire.

This will help us learn about your child.

Please return this questionnaire to the KOG Office.

Child's Name: _____ Prefers to be called: _____

Birthday: _____ Gender: _____ Parents/Guardians: _____

Daytime contact #: _____ Email: _____

Church you attend: _____ Home neighborhood: _____

Siblings & ages: _____

Child's Dominant Language: _____ Language spoken at home: _____

Allergies and/or Medical Concerns: _____

Medications: _____ Dietary restrictions: _____

Please indicate any special needs: _____

Circle which best describes your child:

shy/warms up slowly easy-going sensitive energetic highly verbal
snacks often never snacks finicky eater
enjoys playing outdoors enjoys playing indoors likes quiet play still naps

Describe your child's personality/something special about your child: _____

If your child becomes angry or upset, what is the best way to help him/her calm down: _____

What does your child fear: _____

Child's favorite toy/hobby: _____

I know my child is not feeling well when... _____

Favorite food: _____ Least favorite food: _____

Toileting Habits/Skills _____

Previous school/daycare experience: _____

What are you hoping your child will learn this year?: _____

Please use the back of this form to list any additional important information about your child.

Thank you for helping us to get to know your child better! ☺