Parent Preferences Questionnaire

Welcome to a wonderful new school year at Carmel Mountain Preschool! We want to make this school year easier for you and your preschooler, but we need your help! Please answer the following questions and let us know what is best for your family needs. We will do our best to meet your requests in accordance with our philosophy and core values. Thank you!

Parent’s Name completing questionnaire: ______________________________ Date: _______________
Name of child: __________________________

Who does your child primarily reside with?
_____________________________________________________________________________________
_____________________________________________________________________________________

Is there anyone else (friends or family) that also resides in your home?
_____________________________________________________________________________________
_____________________________________________________________________________________

Other than yourself, is there anyone else who has cared for your child?
_____________________________________________________________________________________
_____________________________________________________________________________________

In general, what is your preferred method of communication?
☐ EMAIL ☐ PHONE CALL ☐ TEXT ☐ IN PERSON

In general, what is your spouse’s preferred method of communication?
☐ EMAIL ☐ PHONE CALL ☐ TEXT ☐ IN PERSON

If we need to call because your child is ill or injured, what is the order that you would like us to contact you, your spouse, and blue card family/friends for pick up?
1. ___________________________ Phone Number: ___________________________
2. ___________________________ Phone Number: ___________________________
3. ___________________________ Phone Number: ___________________________
4. ___________________________ Phone Number: ___________________________
5. ___________________________ Phone Number: ___________________________

If your child receives an ouch report which parent would you like to be notified?
☐ Please only call us if our child needs to be picked up.
☐ Please only call ___________________________ If unavailable please call ___________________________
☐ Please call ______________________________, If unavailable please call ______________________________
☐ Please call both parents for every incident.

If your child receives an ouch report and we need to contact you, how persistent would you like us to be?
☐ Please only call me if my child needs to be picked up.
☐ A text is sufficient.
☐ An email is fine with me. I’ll email/call back if I need more information or have questions.
☐ One phone call is fine with me. I’ll call back if I need more information or have questions.
☐ Please be sure to call me so that I can talk to someone about my child

It is our policy to call parents when there is an injury to the head or face of your child. If your child receives a less severe injury, what is your communication preference?
☐ Standard ouch report in my child’s art folder is enough for me.
☐ Email or phone call for all ouch reports on my child.
We believe that children learn best through sensory play. We invite our preschoolers to get messy and muddy while learning and playing. What is your preference on messy art and play?

☐ I am ok with my child getting muddy and messy through art and play.

☐ My child should wear a paint shirt or apron during messy art.

☐ I will provide a change of clothes for messy art or muddy play.

☐ I am not comfortable with my child getting muddy or messy.

We allow our children to remove their shoes to play on the playground if they are able to put them back on themselves. What is your preference on shoes on the playground?

☐ I am ok with my child removing their shoes on the playground (my child can put their shoes back on themselves).

☐ I am ok with my child removing their shoes on the playground (both the teacher and I will need to work with my child to help them learn to put their shoes back on).

☐ I would prefer my child keeps their shoes on when on the playground.

How does your child communicate their needs?

☐ words (languages spoken at home: ____________________________)

☐ gestures

☐ sign language

☐ other: ____________________________________________________

Are there any special instructions or suggestions when it comes to your child’s eating?
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

Do you have any food restrictions for your child?

☐ I do not have any food preferences.

☐ My child is a vegetarian.

☐ My child may only have food I provide.

☐ I do not allow my child to have the following: _______________________________________________________

Any routines or anything we need to know in regards to your child napping?
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

Please tell us more about your family traditions and celebrations:
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

Are there any celebrations you want your child to abstain from?
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

How does your child like to be comforted?
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

What are some of your child’s interests, favorite toys, and favorite books?
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
How does your child express anger or react to frustration?

________________________________________________________________________________________________________

How does your child express feelings of pleasure, happiness or joy?

________________________________________________________________________________________________________

Do you have any specific requirements for your child such as hats, sunglasses, sunscreen, etc?

________________________________________________________________________________________________________

If you are out of town, is there anything we can do to make your child’s life easier?

________________________________________________________________________________________________________

What are your top three goals you have for your child while they are in our care?
1.________________________________________________________________________________________________________
2.________________________________________________________________________________________________________
3.________________________________________________________________________________________________________

What are your expectations of Carmel Mountain Preschool?

________________________________________________________________________________________________________

How do you wish to participate in your child’s classroom? (please check all that apply)
☐ I do not wish to participate.
☐ I would like to schedule a day or two to be a parent reader.
☐ I am interested in volunteering for field trips, special projects, or a party.
☐ I am interested in providing projects supplies or materials.
☐ I am interested in teaching my child’s class a new skill.
☐ I am interested in participating in a classroom cleanup day.
☐ I would love to help with class project preparation: tracing, cutting out, organizing, etc.
☐ Please contact me for any volunteer opportunities.
☐ The following family members would like to be contacted about volunteer opportunities:
________________________________________________________________________________________________________

Is there any other information you would like to share with us about your child?

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________