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 ☐ N/A

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. Dressing for success in preschool means dressing for a mess.

☐ I support and understand my child getting muddy and messy through art and play.

☐ I need more clarification on why getting muddy and messy is important for success in preschool.

We allow our children to remove their shoes to play on the playground if they are able to put them back on themselves or if parents/teachers are willing to work with the child. 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 need more clarification on why being able to take off shoes on playground is beneficial to child development.

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 am too busy 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 either planning and implanting or helping with a cooking project with my child’s class.
☐ I am interested in sharing a specific ethnic or cultural holiday or experience with my child’s class (please describe below).
☐ 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 (Please include name, phone number, and email):

________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

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

________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________