

BOLTON COOPERATIVE NURSERY SCHOOL, INC.

P.O. Box 9233, Bolton, CT 06043-0233

Phone: (860) 643-7454

TEACHERS' QUESTIONNAIRE

Please Note: This information is requested in an effort to assist the teachers in getting to know your child, and will be kept in the strictest confidence.

Student's Proper Name: _____

Nickname (if any): _____

Parents/Legal Guardians: _____

Does student reside in a single-parent home? _____

What is the primary language spoken at home? _____

Names and ages of siblings: _____

Known ALLERGIES (food/drink, bee stings): _____

Specific fears: _____

Does your child display Extreme temperament issues (extreme separation anxiety, extremely shy, cries very easily, do they often scream/hit/bite/throw objects, etc.)?? _____

Who will routinely transport the student to and from school? _____
Relationship? _____

*Please note: If someone other than parent/legal guardian will routinely transport student to and from school, please provide a note to keep in student's file. Also, if a different adult will be retrieving your child on a specific day, a signed note must be provided to the teacher/director before she is allowed to release the student to them.

What do you hope your child will gain from their pre-school experience?

Student:	3-Day Class	2-Day Class
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