

Pre-Kindergarten Parent Questionnaire

Child's Name:	Date of Birth:

Please help us get to know your child by filling out and returning this form by Tuesday, September 4th, 2018.

	STRENGTHS	AREAS FOR GROWTH	PARENT GOALS FOR THE SCHOOL YEAR
INTELLECTUAL			
SOCIAL/EMOTIONAL			

IMPORTANT!

Please be sure all medical information, including any allergies, have been reported to the school nurse on the medical forms available on our website (www.mka.org/back2school).