

Launchpad for Learning

9400 Transit Road - East Amherst, New York 14051 - 688-1772

Questionnaire

Child's given name _____ Male Female

Birth date ____ / ____ / ____ Home phone # _____

Address _____ Town _____

Zip Code _____

Child lives with: _____

Are there any **custody/legal alerts** the school needs to be aware of? Yes No

If Yes, for the safety and welfare of your child, up to date legal documents must be on file in the school office at all times.

Choose a Security PASSWORD _____

If you call the school for information or a change in drivers etc, you will be asked to supply your password and birth date of your child for security purposes. You may only change your password in person at the school.

Please list all approved contacts & drivers to drop off and/or pick up your child from school.

- Your child will not be released to any driver that is not on this list without proper written notification from the parent or a phone call to the school.
- All drivers including parents must have available their driver's license for identification at ALL times.
- Approved drivers **DO NOT** need to know your password.
- Any drivers not on your approved driving list below will need both their license and password to pick up your child.

Name	Relation	Work Number	Cell Number
1.			
2.			
3.			
4.			
5.			
6.			

1. Does your child have any **food allergies or restrictions**? Yes No

If Yes, explain in detail:

Does your child have any **other allergies**? Yes No If Yes, explain in detail:

An additional form must be on file with the school office if your child's allergy requires an epi-pen to be on site for emergency use. See office for forms and instructions.

2. Does your child have any **physical limitations** that would prevent them from participating in any preschool activity indoors and outside? Yes No

If Yes, explain in detail: _____

3. Do you have any concerns regarding your child's speech or motor skills at this time? Yes No

If Yes, explain in detail: _____

Can all family members understand your child's speech? Yes No

Can non family members understand your child's speech? Yes No

Does your child speak another language other than English? Yes No

If Yes, what language does your child speak? _____

Is this the child's primary language? Yes No

4. Has your child previously or currently received any speech, occupational therapy, physical therapy, or special education itinerant teacher services? Yes No

If Yes, please provide name of service provider and frequency or service, as well as when and where services were or are provided.

Provider name: _____ SP OT PT SEIT (circle one)

Received on: M T W Th Fri (circle all that apply)

Date service began _____ Services are on-going or ended

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Date service began _____ Services are on-going or ended

5. Was Launchpad for Learning recommended to you? Yes No

If Yes, by whom? _____

6. Please list all preschool or daycare programs your child has attended in the past: _____

7. Please list all preschools you viewed or gathered information about prior to choosing Launchpad for Learning:

8. Why did you choose Launchpad for Learning? (Circle all that apply)

Program Quality Location Classrooms Teachers Cleanliness Cost Recommendation Class Size

Other: _____

9. What is your child's typical response when left alone with someone other than a family member?

10. Would you like to volunteer in your child's classroom? Yes No

If Yes, what days are you available? M T W Th Fri (circle all that apply)

Also, please state your occupation: _____

I am willing to help with:

_____ Preparing classroom materials

_____ Classroom Parties