

# Parent Questionnaire

**Mother's Name:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**Parish (if Catholic):** \_\_\_\_\_

**Year Registered at your Parish:** \_\_\_\_\_

**Do you attend Church regularly?** \_\_\_\_\_

**Does your child attend Church with you?** \_\_\_\_\_

**Parish Involvement (list activities, programs, events)** \_\_\_\_\_

\_\_\_\_\_

**Is your child able to sit and listen to a story for 5-10 minutes?** \_\_\_\_\_

**Does your child listen without interruption while someone else talks?** \_\_\_\_\_

**Is your child able to share and take turns?** \_\_\_\_\_

**What do you expect your child to acquire through the kindergarten Catholic**

**School experience?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Why do you wish to enroll your child at St. Joseph School?** \_\_\_\_\_

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