

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? _____

How did you hear about St. Joseph School? _____

