

BLAIRSTOWN TOWNSHIP ELEMENTARY SCHOOL

ONE SUNSET HILL ROAD, P.O. BOX E,
BLAIRSTOWN, NJ 07825
(908) 362-6111 / FAX (908) 362-0167

PARENT SURVEY FOR PRESCHOOL REGISTRATION

Child's Name: _____ Date of Birth: _____

Please check: _____ morning session, _____ afternoon session, _____ full-day

Child's shirt size (for tee-shirt ordering): _____

1. Is a language other than English spoken by one or more persons in your home?

YES _____ NO _____

2. Does the child registering for pre-school speak a language other than English?

YES _____ NO _____ Language _____

3. Does your child show a preference for

Right hand _____ Left hand _____ No Preference _____

4. Has your child attended any prior preschool, nursery school, or other childcare setting?

YES _____ NO _____

How many days / hours per week? _____

5. Does your child have any challenges or difficulties that we should know about?

YES _____ NO _____

Please explain: _____

6. Does your child have siblings?

NO _____ YES _____

If yes, do they attend school in Blairstown?

NO _____ YES _____

7. Are you this child's parent or legal guardian?

NO _____ YES _____

Your Full Name: _____ Relationship: _____

Signature: _____ Date: _____