



## BLAIRSTOWN TOWNSHIP SCHOOL DISTRICT

1 Sunset Hill Road Post Office Box E

Blairstown, New Jersey 07825

908-362-6111 - Fax: 908-362-5989

[www.blairstownelem.net](http://www.blairstownelem.net)

Dr. Patrick Ketch, *Superintendent*

Colleen Silvestri, *Principal*

Matthew Herzer, *Business Administrator*

Dr. Alyssa Emili, *Supervisor of Special Services*

### Preschool Registration Parent Survey

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please Choose one of the following sessions: Morning: \_\_\_\_\_ Afternoon: \_\_\_\_\_ Full day: \_\_\_\_\_

BES orders t-shirts for our preschool students. Please indicate your child's size: \_\_\_\_\_

Please answer the following regarding your child:

1. Is any other language spoken at home other than English? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Does your child speak any other languages other than English? Yes \_\_\_\_\_ No \_\_\_\_\_
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 any other childcare setting? Yes \_\_\_\_ No \_\_\_\_ If yes, how many days/hours per week? \_\_\_\_\_
5. Does your child have any challenges or difficulties we should be aware of? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain in detail: \_\_\_\_\_

6. Does your child have any siblings? Yes \_\_\_\_ No \_\_\_\_ If yes, do they attend BES? Yes \_\_\_\_ No \_\_\_\_
7. Are you the child's parent or legal guardian? Yes \_\_\_\_ No \_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_