

**GLOUCESTER PUBLIC SCHOOLS**  
**Gloucester, MA 01930**

**KINDERGARTEN REGISTRATION - PARENT INTERVIEW**

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

Parent's name: \_\_\_\_\_ Telephone: ( \_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

1. Has your child had pre-school experience?  Yes  No

Where? \_\_\_\_\_ For how long? \_\_\_\_\_ (If your child does attend pre-school, please have your child's pre-school teacher fill out the Pre-School Teacher Form).

2. Has your child ever been screened or tested?  Yes  No

Where? \_\_\_\_\_ When? \_\_\_\_\_

Why? \_\_\_\_\_

3. Does your child have the opportunity to play with children of the same age?  Yes  No

4. Does your child spend a great deal of time with adults?  Yes  No

5. Do you feel your child may experience any separation problems?  Yes  No

6. Does your child have allergies or chronic illness?

If yes, please specify \_\_\_\_\_

7. Does your child have older/younger siblings?  Yes  No

How many? \_\_\_\_\_ What ages? \_\_\_\_\_

8. Is this your family's first public school experience?

9. What is your child's favorite activity? \_\_\_\_\_

10. What is your child's least favorite activity? \_\_\_\_\_

11. What are your child's strengths? \_\_\_\_\_

12. Is your child able to sit and listen to a story?  Yes  No For how long? \_\_\_\_\_

13. Are there any issues that would impact your child's ability to learn? \_\_\_\_\_

14. Any concerns or comments you may have: \_\_\_\_\_

\_\_\_\_\_