



# ROUND ROCK CHRISTIAN ACADEMY

## Parent Questionnaire

### Early Childhood / Kindergarten

Child's Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Knowing your child's academic, physical, social, and spiritual history will help us know how to better serve him/her. Please complete this questionnaire.

1. Does your child have any medical problems? \_\_\_\_\_
2. List any prescribed medication. \_\_\_\_\_  
Dosage: \_\_\_\_\_ How often does he/she take this medication? \_\_\_\_\_
3. Does this medication have any affect on your child's academic performance? \_\_\_\_\_  
If yes, how? \_\_\_\_\_
4. What learning style would you say best describes your child?  
Visual \_\_\_\_\_ Auditory \_\_\_\_\_ Kinesthetic (hands-on) \_\_\_\_\_
5. How does your child respond to new situations? \_\_\_\_\_  
\_\_\_\_\_
6. Does your child have any professionally identified learning difficulties? \_\_\_\_\_  
Describe: \_\_\_\_\_
7. How would you rate your child's organizational skills? (Putting things away appropriately, keeping up with belongings, following directions)  
Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_
8. How would you rate your child's work habits?  
Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_
9. What is your child's academic strength? \_\_\_\_\_ Weakness? \_\_\_\_\_
10. List academic areas you feel your child may need to be challenged in. \_\_\_\_\_  
\_\_\_\_\_
11. What activities is your child involved in at church? \_\_\_\_\_
12. Has your child made a profession of faith in Jesus Christ? \_\_\_\_\_
13. What community activities is your child involved in? \_\_\_\_\_  
\_\_\_\_\_

**(Please continue on next page)**

14. How does your child respond to correction from authority other than you? \_\_\_\_\_  
 \_\_\_\_\_
15. What is your child's favorite active extra-curricular activity? \_\_\_\_\_
16. What is your child's favorite passive extra-curricular activity? \_\_\_\_\_
17. How much sleep does your child get each night? \_\_\_\_\_
18. How often does your child play with friends? \_\_\_\_\_
19. Has your child had access to scissors, markers, crayons, and pencils? \_\_\_\_\_
20. Please list five words that describe your child's personality and character.  
 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 4. \_\_\_\_\_ 5. \_\_\_\_\_
21. Please include any pertinent information that would help us better serve your child.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Parent's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Child's Name

Please return completed questionnaire with application.