



**ROUND ROCK CHRISTIAN ACADEMY**  
**Parent Questionnaire (Early Childhood / Kindergarten)**

**Parents: Knowing your child's academic, physical, and social history will help us better serve them.  
 Please complete this information and return to the Student Registrar.**

Applicant's Name \_\_\_\_\_ Applying to Grade \_\_\_\_\_

*Please indicate your choice below, and feel free to add any additional comments.*

	Excellent	Average	Weak	Poor	Comments
<b>Separates from parents easily</b>					
<b>Recognizes and respects authority of others</b>					
<b>Exercises self-control</b>					
<b>Plays well with others</b>					
<b>Manages bathroom needs (buttons, zippers, etc)</b>					
<b>Pays attention and follows adult directions</b>					
<b>Speaks in complete sentences</b>					
<b>Identifies letters of the alphabet</b>					

Please check all that your child has used correctly:    scissors    colored pencils    crayons    markers

Please list 5 words that describe your child's personality and character: \_\_\_\_\_

What is your child's favorite active activity? \_\_\_\_\_

What is your child's favorite passive activity? \_\_\_\_\_

How does your child respond to new situations? \_\_\_\_\_

Please include any pertinent information that would help RRCA better serve your child.

---



---



---

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_