

K4 Questionnaire

We're looking forward to having your child in Victory's K4 program. In order that our staff may know more about your child, please complete and return this questionnaire with all registration material. Thank you.

Child's Name: _____

Parent's Name: _____

Prior to coming to K4, how was your child cared for? At home or with family: _____

At a home daycare: _____

At a group daycare: _____

At Victory Baptist Daycare: _____

On a normal work day for you – what time would your child arrive at school? _____

What time would your child be picked up? _____

(These are just approximate times; we realize your drop-off times may vary when your schedule does.)

Is there anything about which your child has strong fears? _____

Does your child have any allergies (explain)? _____

What are your goals/desires for your child's K4 education? _____
