

Tsing Yi Trade Association Tin Shui Wai Kindergarten
The parent questionnaire

Please fill in the questionnaire
and return to the school.

Student Name : _____

To learn more about your child, please fill in the following
questionnaire :

1. How did you learn about the Kindergarten Service? * close friends / relatives / live near the KG / online / magazine / publicity / other (Please specify) : _____
2. How many members of your family at home? _____
Does your child have brothers and sisters? *Yes / No .
If so, _____ older brother, _____ older sister, _____ younger brother and _____ younger sister.
3. Your child's primary caregivers are _____.
4. Does your child still need to wear diapers? *Yes / No .
If yes, please indicate the time wearing diapers: _____
5. Has your child learned to go to the toilet on his / her own? *Yes / No .
6. Is your child in the habit of refusing to eat food? *Yes / No .
If yes, please indicate the food he / she refuses to eat : _____

7. Can your child use a cup with water? *Yes / No .
8. On vacation, will you take family activities with your child? *Yes / No .
If yes, please list some activities: _____

9. School parent-child activities will be held on Saturdays. Will you participate? *Yes / No .
10. Will you attend talks organised by the School? *Yes / No .

* Please circle your answer.

Parent signature : _____

Date : _____