

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 : \_\_\_\_\_