

Kindergarten Survey

Child's Name: _____

Parent(s) Name(s): _____

Does your child attend preschool? _____ Yes _____ No

If your child does not attend St. Catharine Preschool, please list their
Preschool Name and Contact Information:

I give my permission for St. Catharine School to contact the Preschool listed above for any information pertaining to my child's educational experience.

Parent Signature

Date

Is there any other information you feel is pertinent for us to know?
