



## Questionnaire

When do you want your child to start at KIDS Kindergarten? .....

### 1. Personal information about the child:

Name: (Last name first) .....

Gender:

.....

Date of birth:

.....

Nationality:

.....

Place of birth:

.....

Religion:

.....

Address:

.....

.....

Language spoken at home :

With the mother..... With the  
father.....

Or with other people (who?).....

Knowledge of other

languages.....

Any further information that would be important for teachers  
(handicap, allergy, others...)

.....

.....

.....

.....

- Do you have special needs for your child at the kindergarten?

.....

.....

.....

.....

## 2. Information about the child's mother

Name: (Last name first).....

Date of birth: .....

Marital status: .....

Occupation (last) .....

Nationality: .....

Religion: .....

Address: .....

.....  
.....

Contact info home: .....

Office, Fax .....

Mobile: .....

e-mail: .....

## 3. Information about the child's father

Name: (Last name first).....

Date of birth: .....

Marital status: .....

Occupation/last .....

Nationality: .....

Religion: .....

Address: .....

.....

Contact info home .....

Office, Fax .....

Mobile:

.....

e- mail:

.....

#### 4. Information about siblings

1. Name and birthday

.....

2. Name and birthday:

.....

#### 5. We would appreciate if you would answer the following questions

- o How did you know about Kids kindergarten?.....
  
- o What do you expect from the kindergarten education?  
.....  
.....
  
- o What are your expectations concerning the language development of your child in our kindergarten?  
.....  
.....
  
- o After finishing the kindergarten your child should be able to do the following  
.....  
.....
  
- o How long do you intend to stay in Frankfurt?.....
  
- o Which school should your child attend after finishing kindergarten?.....

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Place, date:

signature