

Preschool Developmental Parent/Guardian Questionnaire
2026-2027

Child's Name: _____

Date of Birth: _____ **Please circle grade applying to: PS3 or PS 4**

Is this your child's first school experience? If not, where has your child gone to school?

Why are you interested in St. Veronica Catholic School? What benefits do you hope to gain from this educational experience? _____

What is your child's primary language? _____

What are your child's greatest strengths? _____

What are your child's greatest challenges? _____

Describe your child in three (3) adjectives? _____

Does your child have any fears or anxieties? _____



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SVCS Preschool Developmental Form Parent/Guardian Questionnaire (Page 2)

What time does your child usually go to bed? _____

Does your child dress and put on shoes independently by him/herself? _____

Is your child potty trained (no accidents within the last 30 days?) _____

Do you read to your child? What are his/her preferences (fairy tales, animal stories, etc.)?

Does your child have playmates? What are their favorite things/games to play?

Please describe your family, does your child have siblings and/or pets?

Is there anything else you would like for us to know about your child?

Parent/Guardian completing form print name, sign, and date below.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date completed: _____

Please submit to the Director of Admissions and Enrollment/Preschool Director:

Mrs. Mary Jo Smith
admissions@stveronicaschool.org
703-773-2020