



**THE COMMUNITY PRESCHOOL OF THE PALISADES**  
**SUPPLEMENTAL QUESTIONNAIRE**

Child's Full Name: \_\_\_\_\_

My Child Answers To: \_\_\_\_\_

We would like to invite your child's grandparents to special events at the Preschool, such as our annual Holiday Sing Along, Spring Fling Day, Grandparent's Day, and fundraising events. If you choose, please provide us contact information for your child's grandparents:

Name(s): \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

In order to best serve your family, we would like to know more about your child's activities outside the Preschool. Please provide a brief description of any additional activities in which your child will participate during this school year. (Examples: Ballet, piano lessons and gymnastics... You may also use this section to inform us of specialized tutoring or youth counseling sessions.):

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Please feel free to contact me with any additional information that may assist us with caring for your child. We are looking forward to a wonderful school year. Thank you for completing this supplemental questionnaire.

**Myrna Robinson, Director**

The Community Preschool of the Palisades

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