

KINDERGARTEN INFORMATION SHEET

Mrs. Banman

Child's full name:		
Prefers to be called:		
Child's home address:		
Birthdate:		
Parent/Guardian #1:		
Home Phone:		(Relationship to child)
Job/Place of employment:		
Is it okay to receive calls at wor	k:?	
Cell phone Please put a * by the best way for me	Email addresse to reach you to communicate	e with you about your child.
Parent/Guardian #2:		
Home Phone:	Work Phone:	(Relationship to child)
Job/Place of employment:		
Is it okay to receive calls at wor	k:?	
Cell phonePlease put a * by the best way for me	Email addresse to reach you to communicate	e with you about your child.
Does your child have any sibling	gs?	
Has your child had pre-school o *Do they enjoy playing alone or with		on to other children?

Important Medical/Allergy/Personal Hygiene Information:
Does your child have allergies or medical history that would be relevant/important to know at school?
Does your child have any difficulties with speech or worked with a Speech & Language Pathologist?
Has your child had an eye exam?
Is your child able to use the bathroom independently away from home?
Bathroom Information: Our bathrooms are down the hallway and have automatically flushing toilets.
Please practice using toilets that are different from home when possible to build your child's confidence and familiarity.
Ensure your child is able to remove zippers, buttons or snaps on their clothes in order to use the bathroom successfully.
We will take "class bathroom breaks" at the start of the year to familiarize everyone with the bathrooms! Some years, I am the only adult in our class and am not able to safely leave the classroom to support students in the bathroom.
Transportation Information:
How will your child be transported to and from school? Bus to home

Who has permission to pick up your child after school?

Picked up by____

Bus to _____ (babysitter, etc)

Walking. Names of who they will walk with (if other than parent)

Please send an email, message, note or call the school if there is ever a change from the daily after school routine.

=Tell me more about your child:
My child's interests and/or hobbies include:
Something my child is very successful at:
Something my child has had trouble with:
My child's special qualities include:
My child approaches learning (check all that apply): with excitement with curiosity with reluctance with confidence with anxiety without interest
Other comments you'd like to share about your child and their learning:
Goals for my child in kindergarten:
Would you be interested in helping in the classroom?
Do you have any questions for me?

Below are some skills we will work on at school. There is no expectation that your child must have these skills mastered by September but I'd love an idea of which skills your child has and which they are still working on.

Please answer yes or not yet where applicable and add details where necessary.
Knows their full name
Knows birthday
Knows how to use scissors
Knows how to hold a pencil with a proper pencil grip (first 3 fingers on the pencil)
Can write most of the letters in their name without help
Can tell you the letters in their first name (in order)
Can tell you the letters in their first name when you point to them out of order
Enjoys listening to stories
Can sit still for at least 5 minutes (with no technology involved)
Can zip up own clothing
Recognizes some other letters when you point to them (without singing/memorizing)
Can recognize the numbers from 0-10 out of order
Can count how high without skipping a number:
Knows the names of which colours:

Please return this form with your child's registration documents.

Thank you so much for taking the time to fill out this form. The information you've provided will help me to best support your child at school.