

GETTING TO KNOW YOUR CHILD

1. Child's full name (to be used at school) _____

Mother: _____ Father: _____

2. Birthday: _____ Age: _____ years _____ months

3. List the person/s who will be picking up your child (Name and relationship to the child)

a. _____

b. _____

c. _____

d. _____

4. Phone Numbers

Mom: _____ work _____ home _____ cell _____

Dad: _____ work _____ home _____ cell _____

5. List the names of your child's brothers and sisters.

6. List any allergies or health issues of which the school should be aware.

7. Does your child have difficulties with speech and can you identify the difficulty?

8. List any pre-school/Daycare programs attended (Strong Start, etc.).

_____ # of years _____

_____ # of years _____

9. What activities does your child enjoy?

Outdoors: _____

Indoors: _____

10. My child is really good at _____.

My child needs help with _____.

At home my child is responsible for _____.

My child is left handed _____ or right handed _____

I really want my child to learn _____.

11. From the list below, please check off the skills you feel your child has acquired,

- | | |
|--|--|
| <input type="checkbox"/> prints name (upper/lower case) | <input type="checkbox"/> counts to <input type="text"/> |
| <input type="checkbox"/> likes listening to stories | <input type="checkbox"/> recognizes #s to <input type="text"/> |
| <input type="checkbox"/> knows phone number | <input type="checkbox"/> recognizes lower case letters |
| <input type="checkbox"/> can zip up/button coat | <input type="checkbox"/> recognizes upper case letters |
| <input type="checkbox"/> can put on own shoes/boots | <input type="checkbox"/> knows letter sounds |
| <input type="checkbox"/> has experience with scissors | <input type="checkbox"/> knows colours |
| <input type="checkbox"/> has experience with crayons | <input type="checkbox"/> has experience with puzzles |
| <input type="checkbox"/> waits for turn without interrupting | <input type="checkbox"/> is able to share toys |

12. If you are able to volunteer in the classroom to help out with cooking, teacher planned crafts, prep, games, fine motor bins, etc. please let me know the days and times. You can sign up for times in our on the first day of school as well.

Monday	a.m. <input type="text"/>	p.m. <input type="text"/>	Thursday	a.m. <input type="text"/>	p.m. <input type="text"/>
Tuesday	a.m. <input type="text"/>	p.m. <input type="text"/>	Friday	a.m. <input type="text"/>	p.m. <input type="text"/>
Wednesday	a.m. <input type="text"/>	p.m. <input type="text"/>			

13. Do you give permission for your home phone number and email to go onto both K class phone lists along with your child's picture to assist with play dates and help your child's classmates get to know him/her? Yes No

Please give the email and preferred phone number you wish to be on the class phone list.

Email: Phone Number:

You are welcome to write us a note on this sheet or on a separate piece of paper if there is anything else that you feel we should know about your child.

We are looking forward to a very exciting and, no doubt, eventful school year. We are pleased to be teaching Kindergarten and working with you and your child to make his/her first year in Elementary school positive and rewarding.

Sincerely,

Mrs. J. Chan

Ms. S. Collier