



MEADOWRIDGE SCHOOL



Getting to know our Kindergarten Families

Dear Kindergarten Parents,
The answers to these questions can help us to help build our relationship with your child. They also let us know a little bit more about their experiences. Please have the form completed and the family photo emailed for the first day of school.

Thank you kindly,

Miss Warner & Miss Maynes
Your Kindergarten Teachers

I have emailed my child's teacher a clear photo of our family. This will be used for learning engagements in the classroom.

Due for the first day of school.

Miss Maynes: jennifer.maynes@meadowridge.bc.ca

Miss Warner: tamara.warner@meadowridge.bc.ca

Child's Name _____

Age ____ **Birthdate** _____ **Handedness** Left Right Undecided
dd/mm/yy

Language(s) spoken at home _____

Do you (parents) read English? Yes No

Do you or your child read in other languages? _____

Do you read daily to/with your child? Yes No

Does your child have any siblings? Yes No

Please list name, age, grade, and teacher (if at Meadowridge)

Describe any health conditions or allergies? Note the severity

Does your child have two homes? Yes No

Have you had any of the following services? Please circle

Hearing/vision Speech/language Physiotherapy Occupational therapy other

How would you describe your child's personality? _____

Tell about any fears or worries that your child has _____

PLAY

Who does your child play with? _____

Describe the indoors/outdoors/imaginative play and activities you do with your child

List any organized programs or lessons which your child enjoys outside of school?

GROWING UP

Tell about the responsibilities your child has at home _____

When does your child fall asleep? What is their routine? _____

When did your child stop napping during the day? _____

TRANSITION TO SCHOOL

Who will pick up and drop off your child daily? _____

How does your child feel about starting Kindergarten? _____

How are you feeling? _____

Do you have any concerns or additional information for the classroom that will assist in a smooth transition to school? _____

CONTACT INFORMATION

Preferred cell number to contact

Mom: _____ Dad: _____

Home Phone number (s) _____

Household Email _____

(this email will need to be checked daily for classroom-based messages)