

Kindergarten

Getting to know you form



Miss Higginson's classroom code is KH and the class symbol is a bumble bee!



Ms. Pitzey's classroom code is KP and the class symbol is a beetle!

Dear 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 into the school before we begin the year.

**Thank you kindly,
Kindergarten team**

ABOUT YOUR CHILD

Child's Name _____ Child's preferred name _____
Surname First Name (if applicable)

Age _____ Handedness: ☐ Left ☐ Right ☐ Undecided Birthdate _____
Year/Month/Day

Does your child have any siblings? Name, age, grade, teacher.

Describe any health conditions or allergies? Note the severity.

Does your child have two homes?

Who does your child play with?

How would you describe your child's personality?

Tell about any fears or worries that your child has.

Language(s) spoken at home _____

Do you (parents) read English? ☐ Yes ☐ No

Do you or your child read in other languages? ☐ Yes ☐ No

Have you had any of the following services?

☐ Hearing/vision ☐ Speech/language ☐ Physiotherapy ☐ Occupational therapy ☐ Other _____

PLAY

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

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

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 name & cell number to contact (Mom) _____
Preferred Name Cell Number

Preferred name & cell number to contact (Dad) _____
Preferred Name Cell Number

Home Phone number(s) _____ Mom _____ Dad _____

Household Email _____