Kindergarten

Getting to know you form







This form is available online

Sign in to your Meadowridge Hub account at www.meadowridge.bc.ca/hub to fill this form out online

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	Surname First Name			Child's preferred name(if applicable)				
_					Vo an / Marietla / Davi			
Age	Handedness: Left	_ Right	Undecided	Birthdate	Year/Month/Day			
Does your child	have any siblings? Name, a	ge, grade, teacl	ner.					
Describe any he	ealth conditions or allergies	? Note the sever	ity.					
Does your child	d have two homes?							
Who does your	child play with?							
How would you	describe your child's perso	nality?						

Tell about any fears or worries that your child ha	S.			
Language(s) spoken at home				
Do you (parents) read English? Yes No	Do you	or your child rea	nd in other languages?	Yes No
Have you had any of the following services? Hearing/vision Speech/language Physics	ysiotherapy 🗌 Oc	cupational thera	apy 🗌 Other	
PLAY				
Describe the indoors/outdoors/imaginative play	and activities you	do with your ch	ild.	
List any organized programs or lessons in which	your child enjoys c	utside of the sc	hool setting?	
GROWING UP				
Tell about the responsibilities your child has at he	ome			
When does your child fall asleep? What is their ro	outine? When did y	our child stop n	apping during the day	?
TRANSITION TO SCHOOL				
Who will pick up and drop off your child daily?				
How does your child feel about starting Kinderga	arten?			
How are you feeling? Do you have any concerns transition to school?	or additional infor	nation for the c	lassroom that will assis	t in a smooth
CONTACT INFORMATION				
Preferred name & cell number to contact (Mom)	Preferred Name	C	ell Number	
Preferred name & cell number to contact (Dad)	Preferred Name	C	ell Number	
Home Phone number(s)				Dad
Household Email				