

 GETTING TO KNOW YOUR CHILD

NAME OF STUDENT \_\_\_\_\_

Name your child is called (i.e. Chris vs. Christopher) \_\_\_\_\_

Did your child attend preschool? No \_\_\_\_\_ Yes \_\_\_\_\_ Where? \_\_\_\_\_

What does he/she enjoy doing or playing? \_\_\_\_\_

\_\_\_\_\_

Does your child separate easily from you? Yes \_\_\_\_\_ No \_\_\_\_\_

Does he/she have any unusual fears? \_\_\_\_\_

\_\_\_\_\_

Is your child able to handle his/her own toilet needs? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any allergies or medical concerns we need to know about?

\_\_\_\_\_

Is there anything in particular that you would like us to know about your child that would help us make his/her adjustment to school easier?

\_\_\_\_\_

\_\_\_\_\_

Please check the information that your child knows:

- |                       |  |                          |
|-----------------------|--|--------------------------|
| _____ Full Name       | _____ Says alphabet                    | _____ Ties own shoes     |
| _____ Birthdate       | _____ Recognizes and writes first name | _____ Counts to 20       |
| _____ Parent(s) Names | _____ Recognizes most letters          |                          |
| _____ Phone Number    | _____ Some letter sounds               | _____ Recognizes and can |
| _____ Address         | _____ Basic shapes and colors          | write the numbers 0-10   |

**Please return this form with your registration paperwork. Thank You!**

**Welcome to Kindergarten and to North Polk Schools! We are excited to meet you!**