

Westergard Elementary School

Kindergarten Registration Questionnaire

Please be as accurate as possible. This will help us to ensure the best placement for your child.

Student's Name: _____

Prior Educational Experience (please circle): Pre-school Full Day Half Day None

Name of school(s)/ daycare: _____

Length of enrollment (please circle): 0-6 months 6months-1 yr. 1 to 2 yrs. More than 2 yrs.

Behavior concerns (if any) addressed in pre-K: _____

Additional support your child might need to ensure his/her success in kindergarten (please mark):

_____ behavior support

_____ social skills

_____ speech therapy

_____ separation/ anxiety support

_____ family stress (recent move, divorce, illness, death, etc.) support

_____ health condition (ear infections, glasses, allergies, etc.) support

If anything is marked above, please explain/ elaborate: _____

How will your child get home (please circle):

sibling pick-up bus after-school program carpool parent pick-up

Kindergarten placements are thoughtfully created to support balanced classrooms, families are welcome to share helpful information about their child, and we ask that you let us know if a sibling previously had one of our kindergarten teachers:

Please return this form to the front office upon completion. Thank you. ☺