

Kindergarten Entry Form

Student's name: _____

Birthdate: _____

Parent's names: Mom _____ Dad _____

Email:

Phone Number:

Siblings Name:

Age:

Grade:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who will be picking your child up from school?

Did your child attend: Preschool / Daycare / None Full-time / Part-time

Specialized Program? (Ex. French, Play-Based, Reggio, Montessori etc.)

Was it a positive experience? Any challenges?

How is your child feeling about starting kindergarten? Anxious? Excited?

What activities does your child participate in?

What are your child's interests?

Does your child have any medical concerns? Allergies?

Languages spoken at home:

Any questions or other comments regarding your child: