

Kindergarten Entry Form

Student name: _____ Birthdate: _____

Parent names: _____ & _____

Email (for class updates and info): _____

Would you like your email to be shared to other parents for arranging playdates etc.? Yes / No

Siblings:	Age:	Grade:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Primary language spoken at home: _____ Additional languages: _____

If languages other than English are spoken at home, have you been to the Welcome Centre for ELL Testing? Yes / Not Yet / N/A (The school can book you an appt. if needed)

Who will be picking your child up from school?

Does your child have any medical concerns? Allergies?

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

Was it a 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 are your child's interests?

Does your child participate in any activities?

What is one goal that you have for your child as they start school?

Any questions or other comments regarding your child: