



# Kindergarten Entry Form

Student name  Birthdate

Parent names

Would you like your email to be shared with 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  Yes  Not Yet  N/A been to the Welcome Centre for ELL Testing?

If you selected "Not Yet" would you like the school to book you an  Yes  I will book it appointment?

Who will be picking your child up from school?

Does your child have any medical concerns/allergies?

Has your child been in early learning/child care on a regular basis prior to kindergarten entry?  Yes  No

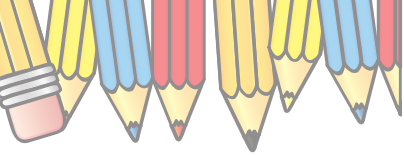
If yes, please specify the type of care arrangement:

- |   |   |
|---|---|
| <input type="checkbox"/> Centre-based, licensed                     | <input type="checkbox"/> Other home-based, relative |
| <input type="checkbox"/> Family child care, licensed                | <input type="checkbox"/> Child's home, non-relative |
| <input type="checkbox"/> Other home-based, unlicensed, non-relative | <input type="checkbox"/> Child's home, relative     |

Did your child attend  Full time  Part time

Was it a specialized Program? (Ex. French, Play-Based, Reggio, Montessori etc.)





Did your child attend  Strong Start Program  Family Resource Program  N/A

Was their child care experience positive? Any challenges? Separation difficulties? Friendship difficulties etc.

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?

