

WELCOME TO KINDERGARTEN AT ÉCOLE KEATING SCHOOL 2019 / 2020

Child's Name: _____ Home Number: _____

Parent Name: _____ Cell Number: _____
email address: _____

Parent Name: _____ Cell Number: _____
email address: _____

Do you give permission for the contact information to be included on a shared class list?
Yes ____ No ____ Signature: _____

Child's Birthdate: _____ Age on September 1, 2019 ____ years / ____ months

Name and ages of brothers and sisters: _____ Age: _____
_____ Age: _____
_____ Age: _____

Languages spoken at home: _____

1. Does your child take medication or receive services for any medical condition?
(e.g. allergies, diabetes, epilepsy, asthma, or other) Yes No

2. Has your child had any of the following:
 Vision Screening Hearing screening
 Speech and Language Support Support through Queen Alexandra

If yes, please supply a copy of the report.

3. Has your child attended a Pre-school? Yes ____ No ____

If so, which one? _____

Friends that may be attending Keating _____

4. Has your child attended StrongStart? Yes ____ No ____

5. Has your child attended Daycare? Yes ____ No ____ Family daycare, centre-based
care, care provided by a friend or relative _____

How many days per week? _____

6. Has your child had lessons such as music, swimming, etc. Please specify.

7. What are your child's areas of strength?

8. What are your child's areas of challenge? _____

9. What activities does your child enjoy and is interested in? _____

10. What kind of responsibilities does your child have at home? (e.g. dressing him/herself, tidying up, making bed? _____

11. What have you noticed about how your child plays with other children?

12. Are there situations when your child becomes particularly upset, anxious, excitable or frightened? If so, how does he/she react and what ways have you found to be effective in such situations? _____

13. Are there family situations that you would like us to be aware of i.e. new baby, recent move, custody situation, family illness? _____

14. Any other comments? _____

Thank you for taking the time to share this important information with us. Please return this form along with a photo (name of child on the back) to the school during Kindergarten Orientation.