

## KINDERGARTEN STUDENT INFORMATION SHEET 2016-2017

Dear Parent/Guardian,

Please complete the following questionnaire to help us become better acquainted with your child:

Date: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

1. Child's Name: \_\_\_\_\_ Gender \_\_\_\_ Date of Birth \_\_\_\_\_

2. Parent/Guardian Name(s) (Child lives with): \_\_\_\_\_

Circle relationship: Mother/s Father/s Stepfather Stepmother Guardian Custodian

3. Address: \_\_\_\_\_ Phone # \_\_\_\_\_

4. Parent/Guardian Name(s) (Child does not live with): \_\_\_\_\_

Circle Relationship: Mother/s Father/s Stepfather Stepmother Guardian Custodian

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

5. Parent/Guardian Work Information:

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employed by (name & address): \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employed by (name & address): \_\_\_\_\_

6. Do you speak another language other than English in your home?

Yes \_\_\_\_ No \_\_\_\_ If 'yes', which language? \_\_\_\_\_

7. If you want your child to be known by a shortened variation or nickname rather than his/her "formal" name, please write the name here \_\_\_\_\_

8. Names and ages of siblings: \_\_\_\_\_

(OVER →)

## Pre-School Experience

10. Has your child had pre-school experience? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, how many hours per day? \_\_\_\_\_ At what age did s/he begin? \_\_\_\_\_

Name of Pre-School \_\_\_\_\_

Name of teacher \_\_\_\_\_ School Phone # \_\_\_\_\_

11. Has your child had childcare experience? Yes \_\_\_\_\_ No \_\_\_\_\_

12. What does your child like to do at home? \_\_\_\_\_

\_\_\_\_\_

at pre-school? \_\_\_\_\_

\_\_\_\_\_

13. What is your child's order of birth in your family? \_\_\_\_\_

14. What pleases you most about your child's development? \_\_\_\_\_

\_\_\_\_\_

15. What concerns you most about your child's development? \_\_\_\_\_

\_\_\_\_\_

16. How does your child feel about coming to Kindergarten?

Apprehensive? \_\_\_\_\_ Not sure? \_\_\_\_\_ Excited? \_\_\_\_\_

Comment(s) \_\_\_\_\_

\_\_\_\_\_

17. Dominant Side

Left \_\_\_\_\_ Right \_\_\_\_\_ Ambidextrous \_\_\_\_\_

18. What are your expectations for your child's Kindergarten experience?

\_\_\_\_\_

\_\_\_\_\_

Form Completed by \_\_\_\_\_

Print Name

Relationship to child \_\_\_\_\_

Signature \_\_\_\_\_