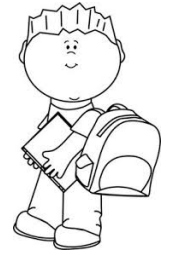


Getting to know you!



Please fill out both sides of this questionnaire about your incoming kindergarten student and return it with your registration packet.

Thank you!

Student's legal name: _____

Name to be used in the classroom: _____

Date of birth: _____

Student lives with (please circle all that apply):

Both natural parents Natural mother Natural father Legal Guardian:

Sole custody Joint custody Other: _____

Siblings (age): _____ (____) _____ (____) _____ (____)

Allergies or other health concerns - please include the reaction and any relevant treatment information:

Has your child attended preschool? Please explain (ex. a daycare setting, local preschools, preschool co-ops, frequency, etc.)

Please check the tasks that your child can independently complete:

- | | |
|--|---|
| <input type="checkbox"/> Toileting | <input type="checkbox"/> Eating/opening containers (Ziploc baggies, milk cartons, Tupperware, Gogurt tubes, bagged chips, etc.) |
| <input type="checkbox"/> Wiping/blowing nose | <input type="checkbox"/> Recognizing/writing first name (beginning with an uppercase followed by all lowercase letters) |
| <input type="checkbox"/> Washing hands | |
| <input type="checkbox"/> Dressing (buttons, zippers, belts, snaps, etc.) | |
| <input type="checkbox"/> Putting on shoes | |

How does your child feel about starting school?

What are some of your child's likes/dislikes?

Is there anything else you would like us to know about your child?

What are you hoping for your child to experience in kindergarten?
