Kindergarten Questionnaire



Thank you for providing us with this information! It helps us to get to know your child. Please complete the forms and bring them with you to the parent/child/teacher interview. Child's Full Name Name(s) most often used _____ Birthdate _____ Parent/Guardian 1 name_____ Relationship to child _____ Parent/Guardian 1 e-mail address _____ Parent/Guardian 1 phone number _____ Parent/Guardian 2 name_____ Relationship to child _____ Parent/Guardian 2 e-mail address _____ Parent/Guardian 2 phone number _____ Please describe living arrangements for your child (e.g. lives with both parents full time, is with mom during the week and dad during the weekends.) Names & Ages of Brothers and Sisters _____ Who will usually pick up your child after school? 1. Daycare _____ 2. Mom/Dad/Friend Who else has permission to pick up your child? Please remember to notify your child's teacher if anyone else is sent to pick up your child.

Does your child have any allergies or medical conditions that we should be aware of?

Kindergarten Getting To Know You

How is your child feeling about starting Kindergarten?

A concern my child has about starting school is		
Some things my child does very	well are	
a	b d	
_	t for my child include	
	ashroom independently?	
Is your child able to sit and list	ten for short periods of time?	
·	ne/she is upset?	
	n early intervention program? (Sunrise, sp	
	did he/she attend? (Licensed Centre-Base meone else's home /with a relative or an u	·
Can we contact your daycare/pr	reschool?	
Does your child know any other	children coming to Kindergarten? If so, p	olease name.
•	on that would help us get to know your chi pes, fears, family situation, etc.)	ild? (a second
Any suggestions or comments the would be appreciated!	hat would help us work more effectively w	vith your child

Thank you for your help! Sincerely, Ecole des Deux Mondes Kindergarten Teachers