



Getting To Know Your Child

Please complete this form and send it to school with your child. Sign up online for a time preference for a conference on Tuesday, Sept 15: <http://bit.ly/ELEConference2020>

Child's name: _____

Name your child likes to be called: _____

Birth date: _____

Address: _____

Family Information

	Mother	Father	Other Adult(s) Please Specify: Stepparent(s), Grandparent _____
Name			
Home Phone Number			
Cell Phone Number			
Work Phone Number			
Email Address			

E-mail is how we send reminders and notices.

Please check your e-mail regularly.

Would you like your child's first name & phone number published on a classroom phone list? ____

If YES, which phone number(s) would you like to use? _____

Child lives with _____

Custody arrangement _____

Names of brother(s) and/or sister(s)

	<u>Name</u>	<u>Age</u>	<u>Grade</u>	<u>Teacher</u>
1.				
2.				
3.				
4.				

About your child...

Does your child have any allergies? _____

Are there any medical concerns we should know about? (surgery, ear infections ...)

Is your child's first language English? Does he/she speak any other languages at home? _____

Is your child prone to car or motion sickness when riding in a vehicle? yes no

Has your child received intervention/service? (speech therapy, occupational therapy, vision, hearing, family services, counselling, other...) _____

Does your child have any difficulties with speech? _____

Which hand does your child predominantly use? right left unsure

Can your child independently dress and toilet him/herself? _____

Did your child attend preschool? (if so, which one?) _____

Please list any children your child already knows in Kindergarten or Grade 1:

What are your child's favourite activities, interests and talents?

How would you describe your child's personality when playing with friends or siblings? (leader, bossy, shy...) _____

If your child is upset, it might be most helpful for us to _____

Is your child fearful of anything in particular? _____

How does your child manage when separating from his/her parent? _____

Is there any other information that will help us understand your child better and we should be aware of? (eg. anxieties, likes, dislikes, energy levels...) _____

Drop Off and Pick Up Information for:

_____ (child's name) in KINDERGARTEN.

Bus children, please list the bus # or route: _____

How will your child come to school and with whom?

	How will they arrive? (Car, Walk, Bike, Bus, Clubhouse etc.)	With Whom?
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

How will your child return home and with whom?

	How will they leave? (Car, Walk, Bike, Bus, Clubhouse etc.)	With Whom?
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Who has permission to pick your child up from Kindergarten?

(If an older sibling is listed, please indicate their grade/age as well)

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

****There may be a rare occasion when someone other than those listed above will be picking up your child. In this case, you will need to provide the teacher with a dated, signed note indicating the name of the person authorized to pick up your child.**

Sincerely,

Mrs. Aujla, Mrs. K. Ito and Mrs. Sawchuk

