

CONFIDENTIAL STUDENT INFORMATION (for use by Kindergarten teachers)

Student's Full Name: _____

Name to be used in Class: _____

Address: _____

Phone: _____ Cell: _____

Parent Email: _____

Birthdate (DD/MM/YY) _____

Handedness: (circle one) Right Left

Parent Names: _____ Occupation: _____

_____ Occupation _____

Siblings & Ages _____

Number of Adults in the home: _____ Pets (if any): _____

Other special people in your child's life:

Health Information

Does your child have any Health Concerns/Allergies?

Any Allergies that are Life Threatening? Yes No

Will your child need special medicine on site? (ie. Epi-pen/Benadryl, etc.) Yes No

Specify:

****If YES, please contact the office to fill in the appropriate Release Forms for the Administration of Medication.**

 **Please Turn Over and Fill in Side Two!**

Early Learning History

Has your child been in early learning and/or childcare prior to Kindergarten? Yes No

Check One Full Time Part Time

If so, was it a: (check all that apply)

Licensed center Unlicensed home-based non-relative Home-based relative

Your home relative Your home non-relative Family child care

Has your child attended any other classes? (i.e.: Sunday School, language classes)

Have you or your child attended any parent/child centres? i.e: Strongstart, Family Resource Program etc.

More Information about your child

Extra-curricular activities planned for this year:

What does your child like to do?

What activities do you and your child like to share?

What are his/her likes and dislikes?

Do you have any other concerns? i.e. social, emotional, etc.

Additional information about your child that may be helpful for the teacher to know: