

# Kindergarten Information Sheet



Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Child's brothers and sisters and grade levels/ages:

Name:

Age:

Grade/School:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\* If we need to reach a parent or guardian during the day, please note who the best person to contact is and what number we can reach them at:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Who may pick up your child from school?

\_\_\_\_\_

Languages spoken at home:

\_\_\_\_\_

If English is not your first language, please indicate how well your child can speak English (Please check appropriate box):

**Beginner** (little or no English)     **Intermediate** (Able to communicate basic needs & wants)

**Proficient** (Fluent English speaker)

Are there any medical concerns you think we should be aware of (hearing, vision, speech)?

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Does your child have any allergies? If yes, please list and provide information on potential reactions and medications:

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Previous schooling (Preschool/Daycare): please list the name(s):

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Is your child Right or Left Handed? \_\_\_\_\_

My child approaches learning (Check all that apply):

\_\_\_ with curiosity      \_\_\_ with reluctance      \_\_\_ with confidence  
\_\_\_ with anxiety      \_\_\_ without interest      \_\_\_ with excitement

My Child's fears or worries (if any)? How are they best soothed?

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My Child's responsibilities in the home include:

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My Child's interests and or hobbies include:

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Can your child:

Print his/her name? \_\_\_\_\_

Name the letters of the alphabet? \_\_\_\_\_

Count to 10? \_\_\_\_\_

Get dressed on his/her own (zippers & buttons)? \_\_\_\_\_

Tie his/her shoelaces? \_\_\_\_\_

Other comments you would like to share about your child and their learning:

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Goals for my child in kindergarten:

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Thank you for taking the time to fill this out! ☺ It will really help us to get a jump start on getting to know your child.

