

Welcome to School



Getting Acquainted Information Sheet

Name of Child _____

Age on September 1st _____ Date of Birth _____
(year) (months)

Name and ages of brothers and sisters _____

Languages spoken in the home _____

Aboriginal heritage/dialect _____

Please complete the sections that you believe would be useful in helping us become acquainted with your child:

1. What are 3 amazing things you would like to share about your child?

1) _____

2) _____

3) _____

2. What activities do you and your child do together?

3. What does your child help with at home?

4. What are your child's favourite outdoor activities?

5. Who does your child play with outside the family?

6. What do they like to play?

7. What organized group activities has your child participated in (sports, music, arts, library, clubs)?



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8. What is something your child worries about?

9. Are there any special health issues we should know of?

10. My child has used:

SCISSORS	_____	BOOKS	_____		
GLUE	_____	PLAYDOUGH	_____	SLIDES	_____
PENCIL	_____	CRAYONS	_____	PAINT	_____
BLOCKS	_____	PUZZLES	_____	SWINGS	_____
COMPUTER/IPAD	_____	CLIMBING EQUIPMENT	_____		

11. Has your child attended a daycare, preschool, or StrongStart program?

Name _____

Length of time your child attended? _____

12. What are your hopes and wishes for your child's kindergarten year?

13. Any questions you would like to ask?

