



REGISTRATION

Parent's Information Guide to Kindergarten Teacher

To gain a better understanding of your child, please complete the following information. This information is very useful to us and allows us to better serve your child in adjusting to his or her new environment and the transition to kindergarten.

On the first two days of school, kindergarteners meet for conferences with their teacher. If you have concerns regarding any of the topics covered in this guide, they can be discussed at that time.

*****Please return this completed form to the Elementary office by May 23.*****

Name of Child _____ Sex: M F

First Name Child Goes By _____

Date of Birth _____ Birthplace _____

Present Age _____ Date of Report _____ Handedness: Right / Left

Name of Father _____ Address _____

Occupation _____ Business Phone # _____

Name of Mother _____ Address _____

Occupation _____ Business Phone # _____

Marital Status of Parents: Married ___ Divorced ___ Separated ___ Other _____

Home Phone # _____ Cell Phone # _____

Emergency contact person _____ Phone # _____

Has your child attended preschool/daycare? No ___ Yes ___ # of years _____

If yes, where? _____

Was it a good experience? _____

Brothers & Sisters:

Name	Age/Grade Level	Name	Age/Grade Level
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SOCIAL AND EMOTIONAL

How is your child's relationship to his/her brothers/sisters? _____

Name your child's favorite home activities. _____

List your child's home responsibilities. _____

Are there any unusual recent experiences that may affect your child's behavior (new baby, etc.)?

What is your child's reaction to a new experience? _____

How much does your child talk at home? _____

How much does your child talk outside the home? _____

What disciplinary methods do you use? _____

How effective are the disciplinary methods? Does he/she accept discipline and

limits? _____

Are you aware of any fears your child has? _____

Does your child have a scheduled eating and sleeping time? Yes____ No____

Does he/she comply with these routines? _____

Does your child have opportunities to interact with other children? Yes____ No____

Is he/she a leader or a follower? _____

Describe your child's personality. _____

MEDICAL

Do you have any major medical concerns regarding your child? Yes____ No ____

If yes, please explain. _____

Please list any food allergies. _____

SPEECH AND LANGUAGE

Do you have any concerns regarding your child's speech and language development?

Yes____ No____ If yes, please explain. _____

Please list any language spoken at home other than English. _____

HEARING

Do you have any concerns regarding you child's hearing? Yes____ No____

If yes, please explain. _____

VISION

Do you have any concerns regarding you child's vision? Yes_____ No_____

If yes, please explain. _____

Does your child wear glasses? Yes_____ No_____

MOTOR DEVELOPMENT

Describe your child's motor activities. _____

Can/does your child:	Yes	No
Catch a ball thrown to him/her?	_____	_____
Participate in physical activities?	_____	_____
Lose balance, trip, or fall more often than normal?	_____	_____
Have difficulty running?	_____	_____
Spend time coloring, drawing, writing letters?	_____	_____
Cut with scissors?	_____	_____
Play with play dough?	_____	_____

Please add any other helpful information you feel would be of value to the school.

Would you like an individual conference with the school counselor to relate any information you don't feel you can include on this form? Yes_____ No_____