



SUNRISE SCHOOL DIVISION **KINDERGARTEN REGISTRATION INFORMATION**

NAME OF STUDENT: _____

This background information will help the school staff know and understand your child:

1. What languages are spoken to your child at home? _____

2. Descriptions of your child that would help the teacher: (Ex outgoing; very shy; etc.)

3. What activities does your child enjoy when entertaining him/herself?

4. How often do you read to your child?

Daily _____ 3-4 times/Week _____ Occasionally _____

5. How much TV/computer/video game time does your child engage in daily?

Less than 1 hour _____ 1-2 hours _____ 2-3 hours _____ More than 3 hours _____

Does your child have a favorite TV Program: _____

6. What kinds of responsibilities does your child have at home? e.g. dressing self, tidying up, making bed ,etc. _____

7. What experiences/lessons has your child had? E.g. swimming lessons, gymnastics, music, dancing, travel, etc.

8. a) Are there situations in which your child becomes particularly excitable, upset or frightened? If so, what are they? _____

b) When your child is upset or anxious, how does he/she react?

c) What have you found to be effective to calm your child in such situations?

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9. Has your child attended an early intervention program? If so, please *circle* the best description:
 Speech & Language Therapy, Parenting Program, Head Start, In-Home service
 Other: _____

10. Daycare Arrangements:

Has your child been in non-parental care on a regular basis prior to Kindergarten?

Yes No If Yes: Part Time Full Time

If Yes, please *circle* type of care:

a. Centre-based, non profit	e. Other home-based, unlicensed, relative
b. Centre-based, licensed, for profit	f. Child's home, non-relative
c. Other home-based, licensed	g. Child's home, relative
d. Other home-based, unlicensed, non-relative	h. Other:

11. Please fill in this chart if your child has had, or is having, any of these experiences.

EXPERIENCE	NAME OF GROUP (if applicable)	STARTING AGE	LENGTH OF STAY	WILL ATTEND IN SEPT. (YES/NO)
Jr. Kindergarten				
Nursery School				
Summer Camp				
Religious Classes				
Language Classes				
Rock & Read				
Mother Goose				
Rhyme Tyme				

12. If aboriginal, please indicate the best description

First Nation Inuit Metis Other _____

13. Is there any other information you would like to share with the school? E.g. specific problems, concerns you may have, special interests, food preferences, and ways of observing religious or cultural holidays? _____