

Kindergarten Registration Form

Name of Child _____

Is your child currently attending Preschool? Yes No

If yes, which Preschool? _____

Describe your child's personality (confident, cooperative, nervous, out-going, shy, etc.):

What are your child's favourite things to do?

What does your child NOT enjoy doing?

When you observe your child with other children, how does he/she behave?

Have you noticed any areas of giftedness or delay in your child's growth and learning?

Yes No

Please provide detail:

Describe how your child learns best (auditory, logical, physical, social, solitary, verbal, visual):

What are your child's interests and hobbies (chess, dance, piano, robotics, soccer, etc.)?

Is there anything you wish to convey to the school about your child's character or background?

Educational Support Services

St. Mary's School is committed to meeting the learning needs of students. Information is central to planning programs and hiring personnel. Information disclosure does not necessarily preclude a student's acceptance into St. Mary's, but rather is used to ensure we will provide the best educational program possible with available staffing resources.

1. Is English your child's first language? Yes No

If not, what is his/her first language? _____

What languages are spoken in your home?

Primary language _____ Other _____

2. Has your child been referred to any of the following specialists? Have they received support in the last year?

Child Development Centre	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>
Support Worker	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>
Behavioural Consultant/Interventionist	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>
Counsellor	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>
Occupational Therapist	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>
Optometrist/Ophthalmologist	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>
Pediatrician	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>
Physiotherapist	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>
Psychiatrist	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>
Psychologist	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>
Speech-Language Pathologist	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>
ELL/ESL Support	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>
Teacher of the Deaf and Hard of Hearing	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>
Other _____	Referred <input type="checkbox"/>	Received support <input type="checkbox"/>

Are you able to attach a copy of any assessment(s)? Yes No

3. Has your child been diagnosed with, or do you suspect any of the following?

ADD/ADHD	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anxiety/Depression	Yes <input type="checkbox"/> No <input type="checkbox"/>
Autism	Yes <input type="checkbox"/> No <input type="checkbox"/>	Behaviour Support Needs	Yes <input type="checkbox"/> No <input type="checkbox"/>
Deaf/Hard of Hearing	Yes <input type="checkbox"/> No <input type="checkbox"/>	FASD	Yes <input type="checkbox"/> No <input type="checkbox"/>
Intellectual Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Learning Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Visual Impairment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Has your child ever experienced any of the following?

Social interaction/relationship issues	Yes <input type="checkbox"/> No <input type="checkbox"/>
Emotional (including anxiety) issues	Yes <input type="checkbox"/> No <input type="checkbox"/>
Behavioural issues	Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Is there currently a behaviour and/or safety plan in place for your child? Yes No

If yes, please explain: