



KINDERGARTEN REGISTRATION FORM

1. Child's Identification:

Family name: _____

First name: _____

Age on September 30th, 2023: _____ Sex: M F

Date of birth: ____ / ____ / ____
Year Month Day

Eligible for English Education: Yes No Not Sure



2. Identification of persons responsible for the child:

Mother Father Other: _____

_____	_____	Date of birth: ____ / ____ / ____
Family name	First name	Year Month Day
_____	_____	_____
Telephone Home	Telephone Work	Cell Phone
_____	_____	_____
Number	Street	Apartment
_____	_____	_____
City	Postal Code	Email address

Mother Father Other: _____

_____	_____	Date of birth: ____ / ____ / ____
Family name	First name	Year Month Day
_____	_____	_____
Telephone Home	Telephone Work	Cell Phone
_____	_____	_____
Number	Street	Apartment
_____	_____	_____
City	Postal Code	Email address

My child lives with: Both Parents: Joint custody: Other: _____

Custody arrangements (if applicable): _____

In case of emergency, accident or sickness, contact (*other than parents*)

Name	Tel. home	Tel. work	Cell	Relationship with child
Name	Tel. home	Tel. work	Cell	Relationship with child

3. Please indicate whether there are other brothers and sisters at the school

Name	Year	Teacher

Please help us learn more about your child

4. Medical Information

<u>Does your child suffer from?</u>		<u>Does your child wear?</u>		<u>Was your child tested for:</u>	
Diabetes	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Glasses	<input type="checkbox"/>
Ear problems	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Hearing Aids	<input type="checkbox"/>
Deafness	<input type="checkbox"/>	Heart problems	<input type="checkbox"/>	Other	<input type="checkbox"/>
Eye problems	<input type="checkbox"/>	Skin problems	<input type="checkbox"/>	Vision (date:)	<input type="checkbox"/>
Severe allergies	<input type="checkbox"/>	Other, please specify: _____		Hearing (date:)	<input type="checkbox"/>

Is your child taking medication on a regular basis?
 Yes No

Special recommendations suggested by parents or doctor regarding child's medical problems:

In case of an emergency, the school will notify the parents. If we cannot reach you, we will give the child first aid and if necessary, see that the child is transported to the hospital. Parents are to assume the cost of the transportation.

Has your child received any of the following specialized services:

<input type="checkbox"/> Speech and language Pathology	<input type="checkbox"/> Psychology
<input type="checkbox"/> Occupational therapy	<input type="checkbox"/> Child Psychiatry
<input type="checkbox"/> Psycho-Education	<input type="checkbox"/> Neurology
<input type="checkbox"/> Psycho-Social (CSSS)	<input type="checkbox"/> Other: _____

5. Language: My child

	Yes	No	Very little	Comments
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has pronunciation problems (lisp, stuttering, certain sounds, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Language spoken at home:	English <input type="checkbox"/>	French <input type="checkbox"/>	English & French: <input type="checkbox"/>	Other: <input type="checkbox"/> _____

6. Previous childcare services

Has your child attended a Daycare? Home daycare Daycare Center 4 year-old program No
(CPE)

If yes, Part time _____ (days/week) Full time How many years? _____

English French Other: _____

My child has previously benefited from an intervention plan Yes No

Please specify: _____

7. Important information about my child.

My child takes a nap in the afternoon Yes No How long? _____ (minutes)

My child is autonomous for getting dressed Yes No

My child is autonomous for toilet routine Yes No

My child is autonomous for eating Yes No

My child takes approximately _____ minutes for eating a meal.

Recent events in my child's life

Divorce / Separation

Change in residence

Death in the family

Major health problems in the family

Military Deployment of a parent

Birth of sibling

Change in parent's occupation

Other: _____

Do you have concerns about your child's development?

Autonomy

Attention

Memory

Fine or gross motor skills

Other: _____

Self-esteem

Social development

Speech

8. School Requirements

My child can use the washroom independently

OFFICE NOTES: