



COMMISSION SCOLAIRE CENTRAL QUÉBEC  
CENTRAL QUÉBEC SCHOOL BOARD

PRE-SCHOOL INFORMATION FORM FOR **NEW** REGISTRANTS TO CQSB IN  
KINDERGARTEN OR PRE-KINDERGARTEN FOR THE SCHOOL YEAR 2025-2026

- ☐ 4-year-old program (Early Childhood – Pre-Kindergarten) – Holland School only  
☐ 4-year-old program (Kindergarten) ☐ 5-year-old program (Kindergarten)

**1. Child's Identification:**

Family name: \_\_\_\_\_

First name: \_\_\_\_\_

Eligible for English Education:

☐  
Yes

☐  
No

☐  
Not Sure

Please paste a picture of  
your child for easy  
identification

**2. End-of-school-day transportation**

Leaves with a parent ☐

Goes to the school daycare ☐

Takes the bus home  
when authorized ☐

With sibling: ☐

Name of sibling: \_\_\_\_\_

Bus number: \_\_\_\_\_

Grade: \_\_\_\_\_

Homeroom: \_\_\_\_\_

Other arrangements: ☐ \_\_\_\_\_

Adult(s) authorized to leave with child: Name: \_\_\_\_\_

Name: \_\_\_\_\_

*Please help us learn more about your child*

**3. Language**

Mother Tongue: \_\_\_\_\_

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"/> _____

#### 4. Previous childcare services

Has your child attended a: Home Daycare ☐ Daycare Center (CPE) ☐ 4-year-old program ☐ Not Applicable ☐

If yes, Part time ☐ \_\_\_\_\_ (days/week) Full time ☐ How many years? \_\_\_\_\_

If yes, ☐ English ☐ French ☐ Other: \_\_\_\_\_

My child has previously benefited from an Intervention Plan ☐ Yes\* ☐ No

Please specify:

\_\_\_\_\_  
\_\_\_\_\_

**\*If YES, please provide a copy of the Intervention Plan to the school.**

#### 5. Important information about my child

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

My child is autonomous for:

- getting dressed ☐ Yes ☐ No
- toilet routine ☐ Yes ☐ No
- eating ☐ Yes ☐ No

##### Recent events in my child's life

- |  |  |
|--|--|
| <input type="checkbox"/> Divorce / Separation                | <input type="checkbox"/> Military deployment of a parent |
| <input type="checkbox"/> Change in residence                 | <input type="checkbox"/> Birth of sibling                |
| <input type="checkbox"/> Death in the family                 | <input type="checkbox"/> Change in parent's occupation   |
| <input type="checkbox"/> Major health problems in the family | <input type="checkbox"/> Other: _____                    |

##### 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"/> Psychoeducation               | <input type="checkbox"/> Neurology        |
| <input type="checkbox"/> Social Work                   | Other: _____                              |

**Please provide copies of reports to the school as soon as possible.**

##### Has your child had their vision and hearing checked?

Year of last vision screening \_\_\_\_\_

Year of last ear screening \_\_\_\_\_

##### Do you have concerns about your child's development?

- |   |   |
|---|---|
| <input type="checkbox"/> Autonomy                   | <input type="checkbox"/> Self-esteem        |
| <input type="checkbox"/> Attention                  | <input type="checkbox"/> Social development |
| <input type="checkbox"/> Memory                     | <input type="checkbox"/> Speech             |
| <input type="checkbox"/> Fine or gross motor skills | <input type="checkbox"/> Anxiety            |
| <input type="checkbox"/> Behavior                   | <input type="checkbox"/> Other: _____       |