Ridgeway Elementary School Kindergarten Student Information 2024-2025

Child's full name:
Name usually used (e.g. short form, etc.):
Child's birth date (dd/mm/yy): Gender: M F X
Parent(s) Names:
Home Telephone Number:
Parent 1 cell:
Parent 1 email:
Parent 2 cell:
Parent 2 email:
Siblings (name and age):
Child's First Language:
Language(s) spoken at home and by whom:
Does your child attend language classes outside of the home? YES NO
If yes, what language(s) is your child learning?
Does your child have any medical concerns the school should know about?
boes your clinic have any inedical concerns the sensor should know about.
Does your child have any food, or other allergies that the school should know about?
Has your child had their hearing checked? Yes/No If so, when?
Has your child had their vision checked? Yes/No If so, when?

1) PIC	ease	answer	these	questions	about	vour	child.
--------	------	--------	-------	-----------	-------	------	--------

Did (or does) your child receive any early intervention through programs referred by your doctor or pediatrician from the list below? If the answer is yes to any of the below, please provide details. a) speech or language therapy: YES NO b) occupational therapy: YES NO c) social development program: YES NO 2) Please answer these questions about your child. a) Is your child able to successfully use the washroom independently? YES NO If the answer is no, please provide details. b) Does your child dress him/herself? (circle one): Completely **Partially** c) Does your child have any fears, nervous habits, or strong dislikes of which the teacher should be aware? d) Does your child have any behavioural difficulties (e.g. temper tantrums, attention getting, hitting, difficulty in sharing, stubbornness, lack of self-control)? YES

e) Are there any emotional or traumatic experiences or events in your child's life, or in your community, that you would like us to be aware of?

If yes, has your child received outside behaviour support to help with this behaviour?

Also, please provide details on what strategies <u>you</u> use to deal with these behaviours?

the answer to any of the following questions is <u>yes</u> , please provide details and idea of the amount of time spent in programs out of the home.	give an
a) Did your child attend a preschool or an organized playgroup? YES NO	
Do you give us permission to contact the preschool or playgroup? YES NO If yes – please indicate the name of facility and the telephone number:	
b) Did your child attend a parent/child participation program (e.g. Strong Start, etc.)? YES NO If yes, please provide details.	
c) Did your child attend daycare or have other caregivers? YES NO	
Do you give us permission to contact the daycare? YES NO If yes – please indicate the name of the daycare and the telephone number:	
Any other information that may be helpful to know about your child and/or family.	

Please tell us about your child's group learning experiences before Kindergarten. If

3)

Please attach a recent individual photo of just your child.