



Getting Acquainted Information Sheet

Name of Child _____

Age on September 1st _____ Date of Birth _____
(year) (months)

Parent/Guardian Names _____

Telephone Phone Number Home: _____ Cell: _____

Email Address: _____

Name and ages of brothers and sisters _____

Languages spoken in the home _____

Aboriginal heritage/dialect _____

Please complete the sections that you believe would be useful in helping us become acquainted with your child:

1. What are 3 amazing things you would like to share about your child?

1) _____

2) _____

3) _____

2. What activities do you and your child do together?

3. When you are not with your child, what does he/she like to do, and with whom? e.g., toys, outdoor activities.

4. What does your child help with at home? For example, your child's responsible for dressing self, tidying up, making bed, etc.

5. What are your child's favourite outdoor activities?

6. Who does your child play with outside the family?

7. What does your child like to play? What is your child interested in?

8. What have you noticed about how your child plays with other children?

9. What organized group activities has your child participated in (sports, swimming lessons, music, arts, library, clubs)?

10. Has your child attended a daycare, preschool or Strong Start Program?

Name of care facility _____

Length of time your child attended? _____

11. Are there situations in which your child becomes particularly worried, excitable, upset or frightened? If so, what are they?

12. When your child is upset or anxious, how does he/she react?



13. What do you do to calm your child in these situations?

14. Are there any special health issues we should know of? For example, food allergies, hearing, medication, asthma.

15. Is your child able to participate in class parties and special/birthday treat days?

Yes ___ No ___ If no, please list any food allergies _____

16. My child has used:

SCISSORS	_____	BOOKS	_____	PUZZLES	_____
GLUE	_____	PLAYDOUGH	_____	SLIDES	_____
CRAYONS	_____	MARKERS/FELTS	_____	PENCIL	_____
BLOCKS	_____	PAINT	_____	SWINGS	_____
COMPUTER/IPAD	_____	CLIMBING EQUIPMENT	_____		

17. Is your child toilet trained and able to use the bathroom independently?

18. What are your hopes and wishes for your child's Kindergarten year?

19. Are there any questions you would like to ask?



20. Is there any other information you would like to share with us? For example, specific interests or talents, food preferences, ways of observing religious or cultural holidays, specific problems or concerns.

Additional information not mentioned in this form that you believe would be useful in helping us become acquainted with your child:
