

Elementary Campus:  
Secondary Campus:

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6920 Pleasant Valley Road  
Vernon BC V1B 3R5

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## KINDERGARTEN INFORMATION FORM 2010/11

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last Name First Name Middle Name

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Year / Month / Day City Province

Home Address: \_\_\_\_\_  
Street City Province Postal Code

Home Ph #: \_\_\_\_\_ email address \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. phone # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. phone # \_\_\_\_\_

Marital Status \_\_\_\_\_ Student lives with \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_ Medical #: \_\_\_\_\_

Siblings \_\_\_\_\_  
Name Age Name Age  
Name Age Name Age

What are the two most important things you think I should know about your Kindergarten child?

1) \_\_\_\_\_

2) \_\_\_\_\_

Do you have a particular gift, hobby or interest that you could share with the Kindergarten class?

Father: \_\_\_\_\_

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

Aboriginal Y\_\_N\_\_ Living on reserve Y \_\_ N\_\_ Band Name \_\_\_\_\_ Band # \_\_\_\_\_

Is your child repeating Kindergarten? Y \_\_\_ N \_\_\_

Does your child fit either of the following categories?

Special Needs Y \_\_\_ N \_\_\_                      Exceptional Y \_\_\_ N \_\_\_

Has your child ever been assessed by NONA or any other special needs agency? Y \_\_\_ N \_\_\_

If yes, please provide documentation, copies of reports and of any special testing.

### ***Developmental indicators***

Coordination: Good \_\_\_ OK \_\_\_ Poor \_\_\_      Good with hands Y \_\_\_ N \_\_\_  
Accident prone Y \_\_\_ N \_\_\_                      Has daily afternoon nap Y \_\_\_ N \_\_\_  
Sleeps through the night Y \_\_\_ N \_\_\_      Bedtime: \_\_\_\_\_  
Has independent washroom habits? Y \_\_\_ Most of the time \_\_\_ N \_\_\_  
right \_\_\_ left \_\_\_ handed? At what age did right or left hand become apparent? \_\_\_\_\_

Please indicate whether your child displays any of the following

shy or timid Y \_\_\_ N \_\_\_                      friendly and outgoing Y \_\_\_ N \_\_\_  
fussy or picky Y \_\_\_ N \_\_\_                      prone to temper tantrums Y \_\_\_ N \_\_\_  
cooperative Y \_\_\_ N \_\_\_

### ***Early Intervention***

Has your child attended an early intervention program Y \_\_\_ N \_\_\_

Has your child been in early learning or child care on a regular basis prior to Kindergarten entry  
Y \_\_\_ N \_\_\_

- If yes please specify the type of care arrangement.

- |   |   |
|---|---|
| <input type="checkbox"/> Centre based licensed                      | <input type="checkbox"/> Family child care licensed |
| <input type="checkbox"/> other home based non-licensed non-relative | <input type="checkbox"/> other home based relative  |
| <input type="checkbox"/> child's home – non-relative                | <input type="checkbox"/> child's home- relative     |

- Was care arrangement Full time \_\_\_ Part time \_\_\_

Has your child attended a parent or child resources centre? (Strong Start, Family Resource Program)? Y \_\_\_ N \_\_\_

## Language

Has your child attended language or religion classes Y\_\_\_ N\_\_\_

Would you consider your child any of the following?

English as second language Y\_\_\_N\_\_\_      French immersion Y\_\_\_N\_\_\_  
Other immersion      Y\_\_\_N\_\_\_

Please tick what language(s) is appropriate for your child .

- English only \_\_\_\_\_      French only \_\_\_\_\_
- Other only \_\_\_\_\_      English & French \_\_\_\_\_
- English & other \_\_\_\_\_      French & other \_\_\_\_\_
- Others \_\_\_\_\_

Does your child communicate adequately in his/her first language Y\_\_\_N\_\_\_

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Please comment below about your child and his/her readiness for school:

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If not already covered, please describe any behavioral concerns. \_\_\_\_\_

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Does your child any allergies Y\_\_\_ N\_\_\_

If yes, please list \_\_\_\_\_

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Does your child have any special diet concerns or requirements Y\_\_\_ N\_\_\_

If yes please list \_\_\_\_\_

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**THE BC MINISTRY OF EDUCATION REQUIRES A COPY OF EACH STUDENT'S BIRTH  
CERTIFICATE, PLEASE SUBMIT TO OFFICE WITH THIS FORM**