



Kindergarten Parent/Guardian Questionnaire

At YRDSB we recognize that families play a significant role in their child's education. As your child's first teacher, you know your child best. Your responses to this questionnaire will help classroom educators welcome your child to Kindergarten. *Please return the completed questionnaire to the school office.*

Student Information

First Name, Middle Name, Last Name _____

Preferred Name: First Name, Last Name _____

Date of Birth: (yyyy/mm/dd) _____

What language(s) does your child hear? _____

What language(s) does your child speak? _____

Medical Alert Information/Disability/Allergies _____

Carries Epinephrine Auto Injector (e.g., EpiPen) Yes No

Does your child have any health or physical considerations you would like to share with us?

Getting to Know Your Child

What makes your child happy? _____

Please share your child's experiences playing with others. _____

How does your child communicate their feelings? _____

Please share anything that may make your child feel worried or fearful (e.g., loud noises, etc.).

What makes your child feel calm when they are upset? _____

Please share any other people that are important to your child (e.g., extended family members, additional caregivers, neighbours, etc.).

Please share any other information that will help us as we welcome your child to Kindergarten.

Family/Caregiver Information

Parent/Guardian Information #1

Name (First Name, Last Name) _____

Relationship to Student _____

Home Phone# _____

Business Phone# _____

Cell Phone# _____

Email Address _____

Emergency Contact Priority: 1 2 3

Parent/Guardian Information #2

Name (First Name, Last Name) _____

Relationship to Student _____

Home Phone# _____

Business Phone# _____

Cell Phone# _____

Email Address _____

Emergency Contact Priority: 1 2 3

Additional Caregiver

Name (First Name, Last Name) _____

Relationship to Student _____

Home Phone# _____

Business Phone# _____

Cell Phone# _____

Email Address _____

Emergency Contact Priority: 1 2 3

Additional Caregiver

Name (First Name, Last Name) _____

Relationship to Student _____

Home Phone# _____

Business Phone# _____

Cell Phone# _____

Email Address _____

Emergency Contact Priority: 1 2 3

Siblings

Siblings at this school: Yes No

Name(s) _____

Other siblings: Name(s) / Age _____

Thank you for taking the time to fill out this Parent/Guardian Questionnaire.

Please check this box if you would like a copy of this questionnaire