

## Junior Kindergarten and Senior Kindergarten Parent/Guardian Questionnaire

*Please return completed questionnaire to the school Principal.*

**Please Print**

### Part A – General Information

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(first & last)

Parent/Guardian #1 Name: \_\_\_\_\_  
(first & last)

Daytime Telephone Number: \_(\_\_\_\_\_)\_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_  
(first & last)

Daytime Telephone Number: \_(\_\_\_\_\_)\_\_\_\_\_

Child Care Contact: \_\_\_\_\_  
(Organization name/first and last name of child care provider)

Telephone Number: \_(\_\_\_\_\_)\_\_\_\_\_

Number of Children in Family: \_\_\_\_\_

Birth Order of Student: \_\_\_\_\_  
(e.g., first born, second born, etc.)

What language(s) does your child speak at home?  
\_\_\_\_\_

Is your child able to speak English?

☐ Yes

☐ No

Is your child able to understand English?

☐ Yes

☐ No

The York Region District School Board respects the diversity of our school communities. Are there any religious/cultural practices or observances we should be aware of as we program for your child through the school year?

☐ Yes ☐ No

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Part B – Health Information

The school should be aware of the following health information about my child:

Diet Restrictions: ☐ Yes ☐ No \_\_\_\_\_

Allergies: ☐ Yes ☐ No \_\_\_\_\_

My child naps during the day: ☐ Yes ☐ No

My child prefers to use his/her : ☐ Left Hand ☐ Right Hand

Prescription Medication(s): ☐ Yes ☐ No \_\_\_\_\_

Medical Condition(s): ☐ Yes ☐ No \_\_\_\_\_

Diagnosis: ☐ Yes ☐ No \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

### Part C - Vision

My child has had a vision test: ☐ Yes ☐ No

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Results: \_\_\_\_\_

My child should wear glasses at school: ☐ Yes ☐ No

**Part D - Hearing**

My child has had a hearing test: ☐ Yes ☐ No

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Results: \_\_\_\_\_

My child has had a number of ear infections: ☐ Yes ☐ No

Approximately how often? \_\_\_\_\_

Middle ear tubes have been inserted: ☐ Yes ☐ No Date: \_\_\_\_\_

**Part E – Pre-School Experience**

My child has had experience with the following:

- ☐ Child Care ☐ Play groups ☐ Storytime (e.g., public library, etc)
- ☐ Summer camps ☐ Nursery School ☐ Ontario Early Years Centres
- ☐ Parenting and family Literacy Centres ☐ Other \_\_\_\_\_

Describe (e.g., length of time, name of centre, etc.): \_\_\_\_\_

Child participated with parent/caregiver? ☐ Yes ☐ No Child participated without parent/caregiver? ☐ Yes ☐ No

**Part F - Language**

	In English	In our home language (s)
I understand my child when he/she talks.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
My child understands and takes a turn appropriately during conversations at home.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other people usually understand my child when he/she talks.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
My child speaks in sentences longer than five words.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
My child follows directions (e.g. get your crayons, make a picture and put it on the fridge).	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

I have concerns about my child's speech or language (this includes first language concerns): ☐ Yes ☐ No

Please Describe: \_\_\_\_\_

\_\_\_\_\_

My child has received speech and language services from a community agency (e.g., Beyond Words - York Region Preschool Speech and Language program, private) ☐ Yes ☐ No

Age: \_\_\_\_\_

Where: \_\_\_\_\_ Length of time: \_\_\_\_\_

### Part G - Literacy

	In English	In our home language (s)
We read together: <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
My child enjoys listening to stories.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
My child can talk about stories he/she has listened to.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
My child recognizes his/her own name in print.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
My child recognizes and names some letters of the alphabet and/or letter sounds.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

### Part H – Mathematics

- My child can sort objects (e.g., colour, shape): ☐ Yes ☐ No
- My child shows an interest in numbers at home and in the environment (e.g. house numbers): ☐ Yes ☐ No
- My child can count to find out how many objects are in a group – up to \_\_\_\_\_ objects.  
(#)
- My child recognizes and writes some numbers: ☐ Yes ☐ No
- My child copies simple patterns (e.g., red block-blue block, clap-clap-stomp): ☐ Yes ☐ No
- My child knows some shapes (e.g., circle, triangle, square, rectangle): ☐ Yes ☐ No
- My child completes simple puzzles: ☐ Yes ☐ No

**Part I – Science and Technology**

My child likes to explore with materials in the home (e.g. plastic containers, boxes, etc.): ☐ Yes ☐ No

My child has played with sand: ☐ Yes ☐ No

My child has played with water: ☐ Yes ☐ No

My child has played with building blocks: ☐ Yes ☐ No

My child has used measuring devices (e.g. measuring cups, tape measure): ☐ Yes ☐ No

My child has used a computer: ☐ Yes ☐ No

My child shows an interest in the natural world: ☐ Yes ☐ No

**Part J – The Arts**

My child uses:

☐ Crayons ☐ Scissors ☐ Paint ☐ Glue ☐ Play Dough  
☐ Markers ☐ Pencil/Pen

My child enjoys music: ☐ Yes ☐ No

My child enjoys movement: ☐ Yes ☐ No

My child enjoys imaginary play: ☐ Yes ☐ No

My child enjoys acting out stories: ☐ Yes ☐ No

My child draws different shapes and lines: ☐ Yes ☐ No

**Part K- Personal and Social Development**

My child makes friends easily with peers: ☐ Yes ☐ No

My child can dress himself/herself (including buttons): ☐ Yes ☐ No

My child can put on shoes by himself/herself: ☐ Yes ☐ No

My child puts away toys after playing: ☐ Yes ☐ No

My child can use the washroom independently (toilet trained): ☐ Yes ☐ No

Additional comments: \_\_\_\_\_

### Part L – Physical Development

My child enjoys playing on large outdoor equipment (e.g. climbing structures): ☐ Yes ☐ No

My child enjoys playing with small outdoor equipment (e.g. balls, skipping ropes, blocks and shovels, etc.):  
☐ Yes ☐ No

My child participates willingly in the following activities:

- ☐ Running ☐ Climbing ☐ Jumping ☐ Riding a tricycle ☐ Hopping  
☐ Kicking a ball ☐ Throwing and Catching

### Part M – Additional Information

Some children may have special developmental needs and be receiving support and/or assistance in the community. Please indicate if your child and/or family have accessed the services of any of the following agencies:

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li><input type="radio"/> Applied Behaviour Analysis Services of York &amp; Simcoe (ABA)</li><li><input type="radio"/> Behaviour Management Services</li><li><input type="radio"/> Blue Hills Child and Family Services</li><li><input type="radio"/> Bob Rumball Centre for the Deaf</li><li><input type="radio"/> Canadian National Institute for the Blind</li><li><input type="radio"/> Centre for Addiction and Mental Health</li><li><input type="radio"/> Children's Treatment Centre</li><li><input type="radio"/> Community Care Access Centre of York Region</li><li><input type="radio"/> Early Intervention Services (EIS)</li><li><input type="radio"/> Giant Steps Toronto</li><li><input type="radio"/> Holland Bloorview Kids Rehabilitation</li><li><input type="radio"/> Hospital for Sick Children</li><li><input type="radio"/> Markham – Stouffville Hospital</li></ul> | <ul style="list-style-type: none"><li><input type="radio"/> Kerry's Place Autism Services</li><li><input type="radio"/> Kinark Child and Family Services</li><li><input type="radio"/> Newmarket and District Association for Community Living</li><li><input type="radio"/> Ontario Federation for Cerebral Palsy</li><li><input type="radio"/> York Centre for Children, Youth and Families</li><li><input type="radio"/> York Region Preschool Speech and Language Program</li><li><input type="radio"/> York Support Services Network</li><li><input type="radio"/> York Region Community and Health Services/Child and Family Health</li><li><input type="radio"/> Private Supports _____</li><li><input type="radio"/> Other _____</li></ul> |
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Additional information you would like to share: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional information about your child would be appreciated (e.g. any specific successes your child might have; strengths and interests you child enjoys; how your child deals with separation from you or new situations).

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

What hopes and dreams do you have for your child as he/she enters Kindergarten?

School name: \_\_\_\_\_ Date: \_\_\_\_\_

Information Collection Authorization: This information is collected pursuant to the Board's education responsibilities as set out in the Education Act and its regulations. The information is collected for education purposes and is within guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act, 1989. This information will become part of the Ontario School Record and Student Services file. Any questions with respect to this information should be directed to the Principal of the school to which you are apply/registered. Users: Supervisor Officers, Principals, Teachers, Designated Early Childhood Educators and Student Services staff.