



Children's Experiences Prior to Kindergarten Entry 2020-2021

Name of Child: _____ Birthdate: _____

Please help us get to know your child a little bit before they begin at our school.

1. Has your child attended non-parental care on a regular basis prior to kindergarten entry?

If yes, please specify type of care arrangement.

Has your child attended non-parental care on a regular basis prior to kindergarten entry?

- Licensed Child Care Center/Daycare
- Non-Licensed Child Care Center/Daycare
- Licensed Home Daycare
- Unlicensed Home Daycare
- Child's home, non-relative caregiver
- Child's home, relative caregiver (not a parent)
- Other/Not sure

Was this care:

- Full time (5 days/week, 6 hours/day) or
- Part time (less than 6 hours/day, less than 5 days/week)

3. Did your child attend any regular classes (i.e.: Sunday School, Language classes (French, Hebrew, German, etc.)

If yes, please specify: _____

5. Did your child attend an organized pre-school/nursery school (part-time, and was not the main child-care arrangement) (i.e.: weekly music/art classes, twice-weekly regular morning playgroup programs, LEAP, LOLA, Little Learners)?

If yes, please specify: _____

6. If your child was not born in Canada, did he/she immigrate to Canada in the last 2 years?

Yes No Not applicable

7. My child's first language is:

- English only
- French only
- English and French
- English and other (_____)
- French and other (_____)
- Other (_____)

Note: First language is the language your child learned first in his/her development and still can understand (and/or speak).

8. My child is able to communicate adequately in his/her native tongue.
 Yes No Not certain

9. My child attended an Aboriginal Head Start Program:
 Yes No Not certain

10. What are your child's favorite games/activities/toys? (check all that apply)

- Block or building
- Playing outside, playing in water, sand, mud, climbing trees
- Pretend play with figures (play mobil, action figures, lego friends, polly pockets etc.)
- Dress up and dramatic play (dolls, tea party, being an action hero etc.)
- Puzzles
- Arts and crafts
- Other _____

a) Has your child ever received professional intervention services? (Speech, Occupational Therapy, Physical Therapy, developmental assessment, other therapies, etc.)

- Yes No Not Sure

If yes, please specify

b) Is your child currently on a wait list for professional intervention service? Please specify.

- Yes No Not Sure

If yes, please specify

11. If you have any additional information to share about your child, please list them below.

Signature: _____ Date: _____

Relationship to Child: _____