



KINDERGARTEN INTAKE FORM Social – Development – Health History

Important Notes for Parents

a) For student safety, please ensure that the emergency contact information for your child, provided at the time of registration, is up to date and accurate prior to the first day of school, and throughout the school year.

b) The personal information collected on this form is private and confidential, and will be used by authorized school staff for programming. This document will be stored in your child’s Ontario Student Record (OSR) in accordance with the OSR Guideline, Ministry of Education.

Child’s Name: _____ **Date Completed:** _____

Date of Birth: _____ **Age:** _____

A: Life Threatening Allergies:

1) Does your child have any life-threatening medical conditions? Yes No

My child’s medical condition is: _____

2) Does your child require an EpiPen®? Yes No

(If yes, please fill out OCDSB Forms 405 & 616 (available on the Board’s web site or in the school’s main office).)

B: Home Environment:

1) Adults/children in the home:

Name	Relation to child (mother, father, sister, brother, etc.)	Language(s) spoken with child

2) Are there any special custody arrangements? Yes No
(If yes please submit a copy of your court order and/or formal legal documents to the school office.)

3) Current Caregiver/Daycare Information (if applicable):

Name Address Tel:

For students in Full Day Kindergarten site with an Extended Day Program only:
My child attends the Extended Day Program: AM___ PM___ Both___

4) Busing/Walking Information:

BUS	NON-BUS/WALKER
Is picked up at home / daycare _____	Travels to school with _____
Dropped off at home / daycare _____	Travels from school with _____

5) Are there any school related activities in which your child might not be able to engage fully?

C: Health Information Section:

1) Does your child have health concerns of which we need to be aware?

Allergies Hearing Vision Speech Prescribed Medication Other

2) Are there any events in your child’s life that you would like to share that could impact your child’s learning (e.g. birth of a baby, death of a family member, etc.) that we need to be aware of?

3) Has your child received any services/interventions (e.g. speech/language, occupational therapy, psychologist, neurologist, developmental pediatrician, etc.) from any community or private agencies during pre-school years (e.g. First Words, CHEO, OCTC, etc...) that you feel we need to know about?

D. Language Information Section:

1) What is the language used most often by your child?

At home _____ At preschool _____ With caregiver _____

2) Does your child speak clearly enough to be understood most of the time by:

Other children?	Yes	No
Family members?	Yes	No
Other adults?	Yes	No

3) Do you have any concerns about you child’s ability to communicate in his/her first language (e.g. speaks clearly, vocabulary, grammar, listening, understanding/answering questions, telling stories)?
Yes No

- 4) How does your child communicate his/her likes, dislikes, needs to you and others in their first language (e.g. uses words, sentences, points, gestures)?
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E: Social Information Section:

- 1) If applicable, please provide the duration and type of child care, as well as the language the service was provided in (e.g. Child Care Centre; Home Day Care, Extended Family member, babysitter, etc.):
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- 2) What strategies do you use to help support your child when he/she is exhibiting challenging behaviour?
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- 3) On a typical day, what type of activities does your child engage in, and with what frequency?
- Being read to: _____ Playing alone: _____
T.V. viewing: _____ Playing with others: _____
Computer/video games: _____ Playing outside: _____
Other: _____
- 4) Describe your child's choice of playmate (e.g., same age playmates, younger children, older children, siblings, adults, relatives):
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- 5) Describe your child's interests/skills/talents (e.g. musical instruments, dance, gymnastics, technology, favourite activities, etc.):
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F: Developmental Information Section:

- 1) What are your expectations for your child's kindergarten year?
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- 2) What do you feel is important for us to know about your child to ensure they have a successful school experience?
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- 3) At approximately what age did your child do the following:
- | | |
|------------------|-----------------------------------|
| Sit alone _____ | Use his/her first words _____ |
| Walk alone _____ | Use his/her first phrases _____ |
| | Use his/her first sentences _____ |
- 4) Can your child go to the washroom independently? Yes No
Can your child dress independently? Yes No
- 5) Please describe your child's:
- a) Eating habits (e.g. doesn't like certain foods, etc.) _____
- b) Sleeping habits (number of hours, etc.) _____

6) Which of the following, if any, does your child do on a consistent basis?

Task	Yes	No	No Experience
Identifies four colours when asked			
Tells stories with a clear beginning, middle and end			
Goes up and down stairs on alternating feet			
Undoes buttons and zippers			
Catches a large ball with outstretched arms			
Understands three-part related instructions/sentences (e.g. "put your toys away and wash your hands before lunch")			
Takes turns and shares with other children in small group activities			
Looks for adult approval (e.g. "watch me" or "look what I did")			

7) How does your child react to (e.g. shy, fearful, curious, excited, nervous, etc.):

- a) New situations _____
- b) Interacting with other children _____
- c) Handling a difficult task _____
- d) Leaving familiar adults _____
- e) Other _____

8) Describe your child's experience with printing letters, numbers, drawing or colouring, cutting and pasting:

9) Which hand does your child prefer using? Left Right No preference

10) Please check which, if any, of the following developmental skills you would like to see your child improve:

<input type="checkbox"/>	Approaching people	<input type="checkbox"/>	Paying attention
<input type="checkbox"/>	Control of temper	<input type="checkbox"/>	Walking or moving
<input type="checkbox"/>	Use of hands	<input type="checkbox"/>	Playing
<input type="checkbox"/>	Listening	<input type="checkbox"/>	Following directions
<input type="checkbox"/>	Talking	<input type="checkbox"/>	Getting along with others

Signature(s) of
Parent(s)/Guardian(s): _____

Date: _____

Date: _____

Name of Teacher or Principal: _____

Signature of Teacher or Principal: _____

Date: _____

School: _____

Principal: _____

Notice of Collection: The personal information on this form is gathered under the authority of the *Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended*, as well as *Immunization of School Pupils Act* and the *Personal Health Information Protection Act*, and will be used by the school and central administrative staff to register and place the student, and to provide a broad range of academic, health and administrative services. In addition, the information may be used to deal with matters of health and safety or discipline and may be disclosed as required by law under the *Education Act* or any other Act. Anyone having the right may access this information by contacting the principal of the school. For questions about this collection, speak to the school principal. Specific questions can be directed to Freedom of Information Coordinator at OCDSB-Administration Building, 133 Greenbank Road, Ottawa, ON, (613) 596-8211.