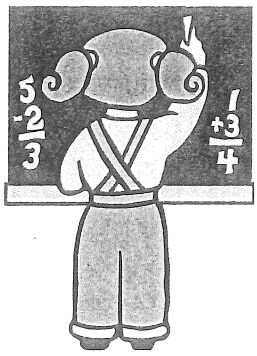


Southern York County School District
Kindergarten Registration Questionnaire

Date: _____

Child's Full Name:

_____

(first middle last)

At school, my child likes to be called: _____

Child's Address:

_____

(house # street city zip)

Child's Birthday: _____/_____/ 20____ _____ Male _____ Female

1. Parent/Guardian Information

Name: _____
Home Phone:_____
Cell Phone: _____
Email Address: _____

2. Parent/Guardian Information

Name: _____
Home Phone: _____
Cell Phone: _____
Email Address: _____

Thank you in advance for completing the following information about your child. Your answers will assist the Kindergarten teacher in making informed decisions about how to best support your child in the school setting.

Family Life:

*Are either of the biological parents deceased? *(check one)* ____ yes ___ no
If so, please offer details that you feel are necessary.

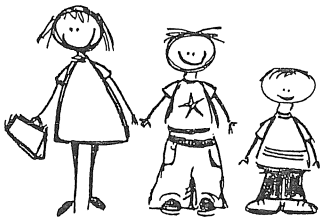
_____

_____

*Are there any important experiences that may affect your child this school year? (best friend moved away, chronic illness of family member, death of a family member, recent relocation, divorce/separation)
If so, please offer details that you feel comfortable sharing with us.

_____

_____



*Other children who live in your household:

Name	Age	Grade in upcoming school year, if applicable
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Are there any other adults living in your household who your child may talk about this year? (If so, please feel free to offer details so that the teachers can communicate more effectively with your child.)

_____

_____

Developmental History: (please *check those which apply* and offer explanation on the lines provided if you feel comfortable doing so.)

_____ born prematurely. If so, at how many weeks? _____ other issues _____

_____

_____ complications at birth _____

_____ frequent ear infections or hearing loss:_____

_____

_____ walking at 14 months or later: _____

_____ gross motor skill delay: _____

_____ fine motor skill delay: _____

_____ speech communication delay: _____

_____ speech articulation delay: _____

_____ any vision difficulty/wears glasses: _____

_____ any trauma (physical, mental or emotional: _____

_____ difficulties in preschool or day care settings: _____

Has your child received any of the following early intervention services? (please *check those which apply* and offer explanation on the lines provided if you feel comfortable doing so.)

_____ Physical Therapy:_____

_____ Occupational Therapy:_____

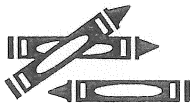
_____ Speech Therapy:_____

_____ Vision Therapy:_____

_____ Behavioral Therapy: _____

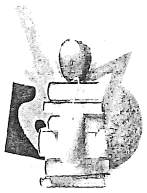
_____ Other Services/Therapies:_____

****Please attach a copy of the treatment plan/goals if applicable.**



With regard to holding writing tools: My child is: (*please check one*)

_____ right- handed _____left- handed _____undecided



Educational Experiences:

Does your child separate easily from parent/caregiver? *(check one)*__yes__ no
Has your child attended pre-school/day care? *(check one)* ___yes ___ no
If so, please tell us:
Name of pre-school/daycare_____
How many years? ____ How many days per week? _____
Part time or Full time? _____

***May we have permission to contact the teachers/daycare providers if needed? *(check one)*_____yes_____ no**

My child's academic and social strengths are:

_____

_____

My child may need help with:

_____

_____

Favorites Section: Please share your child's current favorites!

Color: _____ TV Show: _____

Sport: _____ Toy: _____

Indoor Activity: _____ Outdoor Activity:_____

Is there anything else that your child likes?

_____

_____

Tell us more about your child!

Is your child involved in any extracurricular activities? (sports, arts/music/drama, etc. Please feel free to share.)

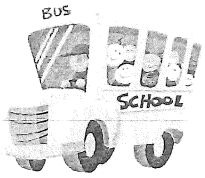
_____

_____

How does your child feel about going to Kindergarten?

_____

_____



Please note anything else that you or your child would like the teacher to know.

_____

_____

_____

_____

Thank you so much for providing a snapshot of your child's personality with us! We look forward to working with both you and your child this upcoming school year!

The SYCSD Kindergarten Teachers