PROSPECTIVE KINDERGARTEN STUDENT

KING'S TOWN SCHOOL

66 Rideau Street, Kingston, ON K7K 2Z 7
Phone: (613) 546-5123

Email: ask@kingstownschool.ca
Website: www.kingstownschool.ca

STUDENT INFORMATION

Name:	Birth date (D/M/Y):
Address:	
Name of Mother:	Phone #:
Name of Father:	Phone #:
Date of visit:	

KTS KINDERGARTEN

Please let us know how you heard about KTS.;

What is motivating you to enroll your child in our enriched kindergarten program?

Do you know any other families/children currently enrolled at KTS and if so, please name them?

What are your expectations for the King's Town School kindergarten program?

a)_____

b)_____

c)_____

YOUR CHILD

Is your child toilet-trained? Explain.

How does your child relate to his/her peers?

What are the most dominant character traits your child possesses (e.g. shy, assertive, bold, timid)?

Has your child been attending a preschool program or nursery school already? If so, where?

Does your child participate in any extra-curricular activities? If so, what are these activities and how often do they occur?

Does your child have any special abilities or exceptionalities?

Are there any exceptional family dynamics that we should be aware of? Please explain.

How do you think your child will handle a transition to KTS?

Does your child have any separation-anxiety issues?

Has your child ever been asked to withdraw from a school/daycare and if so, why?

Is your child experiencing any difficulties? Please explain.

Does your child have any medical conditions or severe allergies? Please explain.

KTS COMMUNITY

Do you foresee any trips or events that your child would be prevented from doing for cultural, religious or personal reasons? Please explain.

What areas might you, as parents, be interested in contributing to the KTS community (e.g. clubs, committees, field trips, cultural heritage/celebrations etc.)? Please explain.

RELEASE

All information in this form is strictly confidential.

Parent 1 signature:_____ Date:_____

Parent 2 signature:_____ Date:_____

Kindergarten teacher signature:_____ Date:_____

Principal signature :_____ Date :_____