

Jump Start to Kindergarten

Tell us about your child...

The information you share with us will help our staff get to know your child better.

Child's name: _____ Person Completing form: _____

Is there any information you would like to share about your family? (siblings, pets, unusual circumstances)

What are your expectations for your child's experience in Jump Start to Kindergarten?

What are some of your child's favorite activities?

What are some of your child's least favorite activities?

Is your child comfortable joining in play with other children?

Would you describe your child as:

an active child (please give examples)

a quiet child (please give examples)

Is your child able to express themselves clearly?

How does your child respond when angry or upset?

How does your child react when meeting new people?

Does your child have any fears we should be aware of?

What time does your child typically nap?

Have there been any recent significant changes in your child's life?

Are there any physical or mental disabilities, developmental delays or emotional traumas we need to be aware of?

Is there anything we should be aware of when communicating with you (contacting you at work, language barriers)?

What types of experiences has your child had prior to Jump Start to Kindergarten (preschool/daycare/stay at home etc...)

Please check the holidays that your family celebrates:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Birthdays | <input type="checkbox"/> Passover |
| <input type="checkbox"/> Rosh Hashanah | <input type="checkbox"/> Hanukkah |
| <input type="checkbox"/> Yom Kippur | <input type="checkbox"/> Christmas |
| <input type="checkbox"/> Ramadan | <input type="checkbox"/> Kwanzaa |
| <input type="checkbox"/> Halloween | <input type="checkbox"/> Easter |
| <input type="checkbox"/> Eid al-Fitr | <input type="checkbox"/> Eid al-Adha |
| <input type="checkbox"/> Thanksgiving | |

Other: _____

