



Child's name: _____

Child's Birthday: _____

Age on Sept 1, 2020 _____years/____months

Parent/guardian(s): _____

Family email: _____

Phone number: _____

Name and ages of siblings: _____ Age: _____

_____ Age: _____

_____ Age: _____

Language(s) spoken at home: _____

Takes medication or receives services for any medical condition (e.g. allergies, diabetes, epilepsy, asthma, or other) Yes _____ No _____

Has had any of the following:

____ Vision screening

____ Hearing screening

____ Speech and Language support

____ Support through Queen Alexandra

**If yes, please attach a copy of the report

Has been in early learning/child care on a regular basis (preschool, daycare...etc) If yes, please specify:

Has your child attended StrongStart? Yes ____ No ____

What are your child's areas of strength or interest: _____

My child needs support with these activities: _____

Does your child know anyone else attending Kindergarten at Deep Cove?:

If you have any further information about your child that you would like us to know, please write it on the back of this paper.