



Capilano Elementary School
 1230 West 20th
 North Vancouver, BC V7P 2B9
 604-903-3370

Capilano Elementary School - Kindergarten Pupil Information - Getting Acquainted

We make every effort to ensure the best possible educational decisions are made for your child. Knowing some pertinent background information of each student can help teachers make these decisions. By completing this form you will be providing information to the Kindergarten teachers that will assist them in making decisions about the placement of students in classes, which in turn can contribute to your child's successful transition into Kindergarten in September. The information that you provide on this form will be viewed by the Kindergarten teachers and school administrators only and will be kept in confidence.

Please send a copy of this completed form to the capilano@sd44.ca by Friday, May 25th.

1. Child's Name: (Circle the name the child would like to be called by.)

First: _____ Middle: _____ Last: _____

Child's Preferred Pronoun: He/Him _____ She/Her _____ They/Them _____ Other _____

Home Address: _____

Phone # (day time contact): _____

Email (for teacher to contact parents): _____

2. Birthday: Day _____ Month _____ Year _____

3. Names of Primary Parents/Guardians:

First: _____ Last: _____

Relationship to child: _____ Occupation (optional): _____

First: _____ Last: _____

Relationship to child: _____ Occupation (optional): _____

Any other important parent/guardian information (i.e., step-parents, etc.): _____

4. Names, ages, and preferred pronouns of siblings:

Name: _____ Age: _____ Preferred Pronoun: _____

Name: _____ Age: _____ Preferred Pronoun: _____

Name: _____ Age: _____ Preferred Pronoun: _____

5. Others who live at your home: (e.g., grandparents) _____

6. Languages spoken at home: _____. Will need support with learning English at school: Y/N

7. Pets: (even fish) _____

8a. Early learning experiences:

Preschool Name _____ How many hours per week do they attend? ____

Daycare Name _____ How many hours per week do they attend? ____

Strong Start School _____ How many hours per week do they attend? ____

Other _____ How many hours per week do they attend? ____

8b. Were your child's early learning experiences interrupted by Covid-19? Please explain below:

9. Will your child be attending before/afterschool care during the school year? No ___ Yes ___

Name of before/after school care program: _____

10. Other group experiences prior to Kindergarten: Music ___ Sports ___ Clubs ___ Other _____

11. Names of your child's close friends (first name, last name) enrolled in Kindergarten at Capilano:

12. In which areas do you feel your child will excel in school? _____

13. Are there any areas in which you suspect your child may need special assistance? (Social, emotional, academic, etc.) _____

14. Do you have any concerns for your child in the following areas?

Speech ___ Vision ___ Hearing ___ Other _____

14a. Allergies/Sensitivities: _____

14b. Additional important health information (e.g., allergies/Health concerns): _____

15. When alone my child likes to _____

16. Together we like to _____

17. We enjoy/share **print** books: Everyday _____ Often _____ Occasionally _____

We enjoy/share **digital** books: Everyday _____ Often _____ Occasionally _____

We enjoy/share **audio** books: Everyday _____ Often _____ Occasionally _____

18. How much time does your child spend:

Watching television each day? _____ Playing video /computer games? _____ Playing outside? _____

19. My child dresses independently (jackets, shoes, etc.): Completely _____ Partially _____ Not at all _____

20. My child maintains focus on the task of eating independently: Always _____ Sometimes _____ Never _____

21. Behaviours you are currently working on at home (e.g. temper tantrums, thumb sucking, stubbornness, attention seeking, etc.)

22. Fears: _____

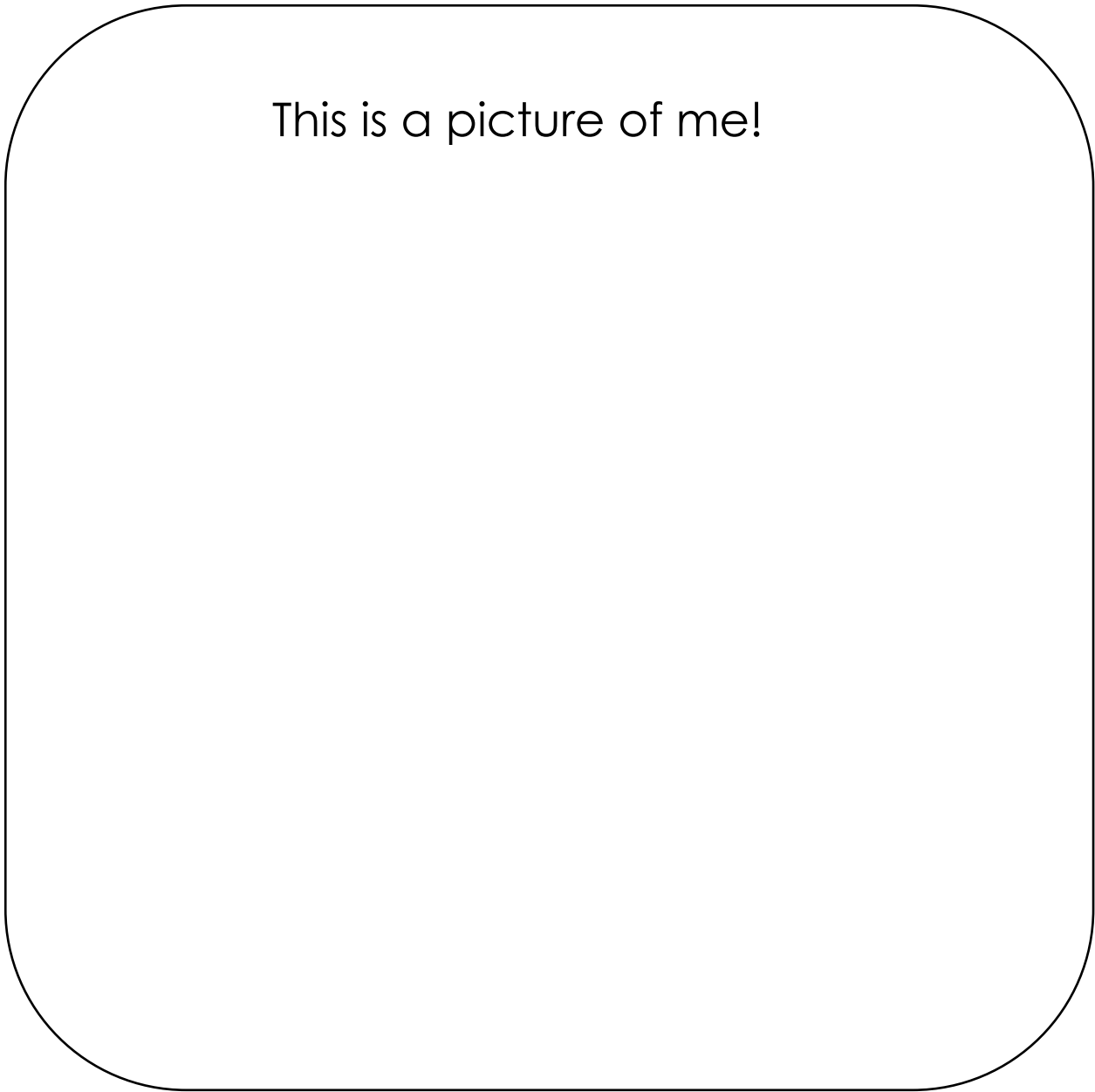
23. Regular responsibilities your child has at home: _____

24. My child prefers to use: left hand ___ right hand ___ no preference yet ___

25. Is there anything else you think we should know? (Use the space below)

Please have your child draw a picture of themselves in the box below and print their name on the lines provided.

This is a picture of me!



This is my name:

If your child is not yet printing, please write their name here _____.

Thanks!