

**MEQUON-THIENSVILLE SCHOOL DISTRICT
KINDERGARTEN REGISTRATION – PARENT INFORMATION FORM**

IDENTIFYING INFORMATION

Child's Name: _____

Enrollment Preference: Half-Day Full-Day No Preference

Kindergarten is geographically a district-wide program.

If you indicated the Half-Day option above and a Half-Day class is not available at your home school, please indicate your preference:

Half-Day at a different school Full-Day at your home school

If you indicated the Full-Day option above and a Full-Day class is not available at your home school, please indicate your preference:

Full-Day at a different school Half-Day at your home school

Name child is to be called at school: _____

This questionnaire is to help us understand your child and prepare for his/her entrance into school. If you have questions or reservations about completing any part of this form, please feel free to tell us:

Person completing this form: Father Mother Step-Parent Foster Parent
 Other _____



DEVELOPMENTAL INFORMATION

Pregnancy: Full Term Premature (number of weeks ___)
 Overdue (number of weeks ___) Difficult delivery

Speech: Child began using single words about ___ months
Speech is currently clear unclear
Child speaks mostly in single words phrases sentences
Child communicates meaning: often sometimes not usually.
Has your child received speech therapy? If so, please indicate date range: _____

Motor Coordination: Excellent Good Fair Poor
Sat alone at ___ months
Walked alone at ___ months
My child is right handed left handed uses both hands

Special Concerns (if any, please comment):

Behavior: _____
 Vision: _____
 Hearing: _____
 Coordination: _____
 Fine Motor: _____
 Emotional: _____
 Learning: _____
 Language: _____
 Sleep: _____
 Speech (indicate sound child is having difficulty producing): _____
 Eating: ___3 meals a day ___snacks ___fussy ___overeats
 Social: _____
 Other: _____

Serious illnesses, accidents, or medical concerns (please include a history of ear infection or tube placement): _____



GENERAL INFORMATION

My child has attended:

- Preschool or childcare center (Name _____)
- Day Care at Home
- Babysitter
- Other peer group experiences (i.e. library hour, Sunday School, YMCA activities)
- _____
- Did not attend any of the above

Child liked the experience?: ___Yes ___No

Comments: _____

Check the following materials your child uses at home:

- playdough/clay scissors crayons puzzles glue
- pencils finger paint paper blocks books
- bikes/trikes

Check the following self-help skills your child demonstrates often at home:

- puts on own boots/shoes uses toilet independently
- zips his/her own jacket knows how to use a kleenex or hankie
- buttons own clothes locates own possessions and returns to proper place
- ties own shoes

As a school district, Mequon-Thiensville does not expect that incoming kindergartners will be reading; however, we are aware that some children are acquiring this skill. If you think your child is reading, what reading skills has your child acquired? _____

Please complete the following:

Child's favorite play activities _____

Type of family pet(s) and name(s) _____

Child has moved _____ times. Date of last move _____

Child's feelings about going to school _____

Fears your child may have _____

Discipline techniques that work most effectively with your child _____

How often does your child watch television? _____

What are his/her favorite programs? _____

When is your child read to by an adult? _____

Does your child usually finish a task started? _____

How often does your child play with other same aged children? _____

Is your child comfortable being left with a sitter? _____

Does your child cry easily? _____ If yes, when _____

When does your child seem overly shy? _____

What responsibilities (jobs) does your child have at home? _____

What is your child's usual bedtime? _____

Does your child sleep through the night? ___ yes ___ no (If no: explain _____)

Starting school is a special time for every child. Is there anything you would like us to know that would help us get your child off to a happy start? _____

