

For Office Use
Date and Time Rec'd: _____
Confirmed Program: _____

KINDERGARTEN CLASS INFORMATION FORM

Student's Name _____ Date _____

Mother's Name _____ Father's Name _____

Did Mother attend CCS? Year(s): _____ Did Father attend CCS? Year(s): _____

Entrance Age: Student must be 5 years old by December 31.

Class Times: Calgary Christian School offers a Kindergarten program from September to June. Four full-day classes are available (see times in chart below). Class lists will take into account several factors including complete registration packages, parental preference, class size, boy/girl ratio and individual circumstances.

Class Size: Minimum class size is 12 students per class; maximum class size is 20 students per class. (Changes to class sizes are subject to approval by administration).

Please indicate your class preference in the chart below and return this form with your registration package.

Available Classes	1st Choice	2nd Choice
Tuesday, Thursday & scheduled Fridays 8:30 am - 3:30 pm (Friday dismissal 1:45 pm)		
Monday, Wednesday & scheduled Fridays 8:30 am - 3:30 pm (Friday dismissal 1:45 pm)		

Please state below any reasons that a particular class choice would **NOT** be an option for you.

Is your child currently attending a Preschool or Kindergarten program? _____

If so, where? _____

KINDERGARTEN READINESS CHECKLIST

Student's Name: _____

Birthdate: _____

This checklist has been designed for two reasons: 1) It will give us detailed information about your child, and 2) it will help you prepare your child for school. Before you begin, remember that you are your child's first and most important teacher. Every day, your child is learning as you talk, play and work together. Your child will develop at his/her own rate; however, a stimulating environment filled with peer and family activities, books, games, etc., will promote readiness. Your child will learn by doing, so remember that play is an essential part of learning. Your child learns best when he/she is involved in activities that are interesting and fun.

Readiness is a combination of age, individual growth and experience. Children mature at and reach readiness levels at different rates. Therefore, each child must be examined as a unique case. We must then look at the individual readiness of the child in terms of specific skills achieved. *Remember, entering students may not demonstrate competency in all skill areas. **Please complete this checklist carefully (make a copy for yourself) and return it with your registration information.**

My child is able to:

Behavioral Skills

- _____ Be away from parents for a few hours without obvious fear
- _____ Enter a new activity without fear
- _____ Sit quietly while attending to a short story
- _____ Start own play activity
- _____ Play cooperatively with others
- _____ Participate in clean-up activities
- _____ Use please, thank-you, excuse me, etc.
- _____ Listen and follow/obey simple directions including two steps (" first do _____, then _____")

Self-Help Skills

- _____ Take care of toilet needs without help (wipe him/herself, flush toilet, wash hands, etc.)
- _____ Avoid toilet accidents
- _____ Hang up sweater, coat, or jacket without help
- _____ Take responsibility for own belongings
- _____ Zip zipper on jacket (after it is started)
- _____ Put on own shoes (not laces)

Language and Listening

- _____ Be understood by strangers
- _____ Show familiarity with some nursery rhymes or stories
- _____ Sing the ABC Song with few mistakes
- _____ State his/her own age verbally
- _____ Talk in sentences of more than three words
- _____ Handle books right side up, turning one page at a time
- _____ Practice accepted patterns of speech (irregular verbs, however, are still emerging)
- _____ Remember and retell facts of a simple story
- _____ Complete a two-step simple direction
- _____ Match rhyming sounds like: sat and hat*
- _____ Recognize some (10 or so) letters of the alphabet
- _____ Tell his/her phone number*
- _____ Read a simple sentence*
- _____ Tell birthdate (month/date)*
- _____ Tell last name

Writing and Spelling

- _____ Copy, draw and reasonably trace a line and a circle
- _____ Print his/her first name using a capital and lowercase letters
- _____ Recognize his/her first name
- _____ Write numbers to 10*

Small Muscle Skills

- _____ Put together a simple nine-piece puzzle
- _____ Button buttons in correct holes
- _____ Use scissors effectively (with scissor thumb oriented up)
- _____ Hold a pencil correctly
- _____ Colour and stay within the lines*
- _____ Tie a knot
- _____ Tie shoes*

Math Skills

- _____ Count from 1 to 6
- _____ Show understanding of up, down, back, front, high, low, over and under
- _____ Demonstrate one-to-one correspondence with concrete objects (counting)
- _____ Recognize similarities such as color, size and shape

Large Muscle Skills

- _____ Identify general body parts (back, stomach, head, legs, etc.)
- _____ Walk downstairs placing one foot on each stair
- _____ Bounce a ball five times
- _____ Catch a ball when bounced
- _____ Hop on either foot
- _____ Skip
- _____ Build with blocks
- _____ Paint at an easel

Other

- _____ Sing some songs
- _____ Identify and name the eight basic colors
- _____ Indicate which is the left or right hand*
- _____ Tell the left and right sides of an object*

The above items are to be used only as a guideline. There are some skills (marked with *) that only a very few children will come into Kindergarten knowing. Each child is a special person, created by God, who will unfold according to His plan.

Thank you for your support in filling out this checklist and parent viewpoint and returning it to the school with your registration information.

In Christ's Service,

Kindergarten (ES) Teachers

Parent/Guardian Signature _____ Date _____

References:

- Keep, Linda J. Teaching Today. Ask the Psychologist: Kindergarten Readiness, Sept./Oct. 1990.
- Massey, J.O. (1979 ed.) Readiness for Kindergarten: A Colouring Book for Parents. Consulting Psychologists Press.

PARENT PERSPECTIVE

Student's Name: _____ Birth Date: _____

Parents' Name: _____ Email: _____

Phone: _____

We need your help in order to provide your child with a program that meets his/her individual strengths and interests. Young children progress at different rates in different areas of growth (e.g. physical, emotional, hand skills, attention, memory). Any insight you can give us into your child's learning stages and styles would be appreciated.

Please feel assured that all information will be treated as confidential, will be kept in your child's file and will be used only by staff in the best interests of the student.

The following questions are suggestions for sharing information about your child with the school. Do not feel obliged to answer all questions and please feel free to add other information that you feel would describe him/her more fully.

GENERAL INFORMATION:

1. Previous "school" experience:

If your child has been in "school" before, please describe the type of program (For example: nursery school, playschool, daycare, kindergarten, etc.)

What did your child enjoy most?

Were there any things your child did not like? (For example: noise, phys.ed., paint)

2. List your child's special interests. (For example, sports, church/community groups, swimming, books, music)

3. Please list your child's:

Strengths

Areas for growth

4. **Does your child have any fears or anxieties?** (For example: being alone in dark, dogs, bees, etc.)

5. **How does your child behave in new situations?** (For example: withdrawn or excited)

6. **What is the most important area of growth you would like for your child this year?** (For example: getting along with others, self-confidence)

7. **Do you have any other information you wish to share with us about your child?**

FAMILY INFORMATION:

1. Please give the names of the members of your family and/or extended family living in your home (including the ages of siblings).

2. Which language(s) is/are spoken in the home?

Which language(s) is/are used by the child?

3. What activities do you share as a family?

4. How would you describe the manner in which your child relates and interacts with members of your family?

5. Does your child have playmates in the community? How does he/she get along with them?

Parent/Guardian Signature

Date