



Abbotsford Christian School

KINDERGARTEN STUDENT PROFILE

Parent's Name:

_____ (Last Name) (Mother's Name) (Father's Name)

Student's Name: _____ Gender ____ Date of Birth: _____
 (First) (Middle) (ddmmyy)

Place of Birth: _____ Bus Route: _____
 (City) (Country) (if applicable)

List chronologically all children in your family: (0-18 years of age). Use back page if necessary.

Name	Birthdate (ddmmyy)	Grade (in Sept.)	Name of School Presently Attending

Usually my child likes to play with:
 brother/sisters by him/herself friends cousins neighborhood children
 Other (Explain) _____

My child likes to pretend: _____

When I am with my child we usually: _____

For his/her age, do you consider your child to be:

immature average mature

Describe your child's personality (shy, nervous, outgoing, strong-willed, cooperative, confident).

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Playschool or daycare (if attended): _____ Length of program _____

Additional activities (Story hour, swimming lessons, t-ball, minor hockey, Awana, Cubbies etc.)

What medical information would help us understand your child better (birth complications, speech, hearing, allergies, asthma, heart, vision, development, etc.)

Has your child been referred to any specialist (allergist, eye doctor, hearing, pediatrician, etc.)?

Has the student ever received any diagnostic testing? Yes No

Dates of testing (if applicable) _____ Is this information available to school? Yes No

Explanation: _____

Do any agencies such the Child Development Centre, Health clinics, speech pathologists have reports on your child? If so, please attach copies _____

Parental contribution to the class:

Please list any specific talent, skill, job, career, or hobby you would be willing to share with class (e.g. Music, cooking, crafts, woodcarving, dental assistant, beekeeper, etc.)

Is there anything else you would like us to know about your child?

Please enclose:

- Copy of Birth Certificate
- Copy of Immunization