

# Let's Get Ready to Learn!

## A Guide for my Child's Junior Kindergarten Teacher

Help us get to know your child by sharing the information in this booklet with your child's junior kindergarten teacher



Share what you know about your child with the junior kindergarten teacher who will be working with your child in the new school year gives you the opportunity to pass on important information about your child's likes and dislikes, strengths and weaknesses and any concerns that you may have.

Play is central to our Junior Kindergarten program. Children will participate in, learn about and actively make sense of their world through play-based activities.

This booklet will work best if you review and discuss it with your child's junior kindergarten teacher during the first month. Taking the time to connect with your child's teacher will get their time together off to a terrific start!

### EARLY LEARNING EXPERIENCES

My child is or has been enrolled in an early learning program  YES  NO

# Getting to know your child

Child's name

School

Today's date

## BASIC INFORMATION

Name(s) of person(s) completing this form

Child likes to be called

Child's date of birth

Parent(s) name(s)

Other adults living in the home

Phone

Email

Best time to be reached

Emergency Contact Name

Emergency Contact Address

Emergency Contact Phone Number

## ABOUT MY CHILD

### A few of my child's favourite things

Favourite colour

Favourite food

Favourite toy

Favourite book

Favourite expression

Other favourites

My child likes to

My child doesn't like to

I'd like you to know this about my child

My child learns best by

My child is left-handed

My child is right-handed

My child can dress him/herself

YES

NO

My child can undress him/herself

YES

NO

My child can feed him/herself

YES

NO

My child is toilet trained

YES

NO

Please describe the bathroom assistance your child requires

Words your child uses for urination

Words for bowel movements

Describe any health needs/allergies/major injuries/illnesses/surgeries

I would like you to observe my child because I am concerned about the following

My child's immunizations are up to date:  YES  NO Please list them below.

## ABOUT OUR FAMILY

I usually speak to my child in this language

Number of children in the home

My child usually speaks this language to me

Ages of other children

Some things I would like you to know about our family (culture, family activities we enjoy, etc.)

My family would like to share the following skills or activities with our child's class or school

The expectations for our child in the Junior Kindergarten program are:

Best times for me to come to school are

I am willing to volunteer for field trips or class activities

YES

NO

## SCREENINGS AND SPECIAL SERVICES

### Hearing screening

Date

Location

Results

### Vision screening

Date

Location

Results

### Speech screening

Date

Location

Results

### Other

Description

**We want to work with you to ensure a successful junior kindergarten year for your child!**

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Signature of Parent/Guardian

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Date

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Signature of Parent/Guardian

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Date