



Child Information Form – Registration

This form will help classroom educators at Hamilton-Wentworth District School Board (HWDSB) learn about your child, so they can better support your child’s time in Kindergarten. Completing this form is voluntary. Please complete this form if you consent to share this important information with us.

Date: _____

Child’s Name: _____

What do you hope for your child as they begin school:

Help us get to know your child better.

1. What are your child’s strengths?

2. How does your child feel about starting school?

3. How does your child respond to new situations?

4. How does your child respond to other children?

5. How does your child respond to situations they may find difficult?

HWDSB

6. How do you support your child when they are in a situation they may find difficult?

7. Is there anything else we should know about your child?

8. Has your child had a hearing test?

- Yes
- No

9. Has your child had tubes in their ears?

- Yes
- No

10. Has your child had a vision test?

- Yes
- No

11. Does your child wear glasses?

- Yes
- No

12. Please let us know about any community services your child has been involved in. (Check all that apply)

- Contact Hamilton
- Early Words (Hamilton Preschool Speech and Language Program)
- Ron Joyce Centre – name of program _____
- Community Living Hamilton (Resource Teacher and/or Support Facilitator)
- Children's Aid Society
- Healthy Babies/Healthy Children
- Public Health Department – name of program _____
- Other _____

13. Will your family be participating in an Hamilton-Wentworth District School Board Early Intake Meeting?

- Yes
- No