

CARY DISTRICT 26 USE ONLY

KGSC <input type="checkbox"/>	Currently enrolled:	Home School: BG DP TO
Forms received/attached:	Birth certificate <input type="checkbox"/> Physical <input type="checkbox"/> Dental <input type="checkbox"/>	Proof of residency <input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> P

Cary Community Consolidated School District 26

Kindergarten Registration Questionnaire

Child's Legal Name _____ M ___ F ___
 Last Name First Name Middle Name
 Today's Date _____ Month Day Year

Home Address _____ Birthdate _____
 Street City Subdivision

Home Phone _____ Place of Birth _____
 City County State

List all brothers and sisters:

Name _____ Age _____ Name _____ Age _____
 Name _____ Age _____ Name _____ Age _____

Primary Language _____ Other language spoken in home _____

Does your child attend preschool? _____ Where _____

Is this child currently enrolled in a District 26 program? _____ Program name _____ What school? _____

Check any behavior which your child frequently shows:

<input type="checkbox"/> Temper tantrums	<input type="checkbox"/> Defiant
<input type="checkbox"/> Isolates self from others	<input type="checkbox"/> Does not adjust easily to new situations
<input type="checkbox"/> Overly active, fidgety, easily distracted	<input type="checkbox"/> Dependent, does not separate easily from mother/father
<input type="checkbox"/> Fears: _____	

Do you celebrate birthdays and holidays in your home? _____ Yes _____ No

If your child will be a kindergartner in the fall, would you be interested in helping in the classroom for one day per week? _____ Yes _____ No

	Yes	No	Specify
1. Has this child previously been signed up for a District 26 preschool screening?			When?
2. Is this child adopted?			When?
3. Child's birth weight lbs. oz.			
4. Was this child considered premature?			How early?
5. Were there any illnesses or problems during the pregnancy?			What?
6. Were any medications taken during pregnancy?			What?
7. How long was labor?			Hours?
8. Were there any serious complications during or immediately following delivery?			Mother – Child –
9. Has special medical attention been required for child since birth (hospitalizations, outpatient care, falls, burns, serious accidents, medication)?			Why?

(PLEASE TURN OVER)

	Yes	No	Specify
10. Are you aware of any vision problems or “lazy eye”?			
11. Are there any indications of visual problems (rubbing, watering, redness, excessive blinking)?			
12. Does your child have frequent ear infections? P.E. tubes?			How often? Last one?
13. Are there any indications of hearing problems (does not startle by loud noises or respond when back is turned, excessive ear wax, fluid drainage, rubbing or pulling on ears)?			
14. Is there a family history of vision or hearing problems (glaucoma, acuity problems, hearing aids)?			
15. Is child presently on medication or under treatment for a chronic illness?			What?
16. Did you have problems toilet training your child?			Age when completed training
17. My child seems to talk less than others the same age.			
18. Is child’s speech hard for family members to understand?			
19. Is child’s speech hard for those outside of the family to understand?			
20. Do you think your child has problems making sounds?			
21. Do you think your child has a problem finding words or putting words into sentences?			
22. Do you think your child would have a problem following 2 simple directions (touch your nose and then stand up)?			
23. Do you think your child has a problem using pronouns (I, me, he, she) correctly in speech?			Frequency of misuse?
24. Does your child generally speak using one or two word responses rather than short sentences (4 words or more)?			
25. Does your child appear frustrated when speech is not understood by others?			Example:
26. Is your child’s speech disfluent (excessive stammering or stuttering)?			
27. Does child intensely dislike having face or hair washed?			
28. Does your child avoid crunchy or chewy foods?			
29. Does child eat in a sloppy manner?			
30. Does child appear clumsy, often bumping into things and/or falling down?			
31. Does child appear weaker or stronger than normal?			Which?
32. Was the child slow to reach developmental milestones (sitting, walking)?			
33. Does child have sleeping problems (bed-wetting, restlessness, getting to sleep)?			What?
34. Was child irritable as an infant or is child irritable now?			Infant? Now?
35. Are there family problems (divorce, separation, illness, recent death in family)?			
36. Are any children in the family receiving any special support within school or having difficulty with school?			What type?
37. Are you concerned in any way about your child’s development?			

	Yes	No	Specify
38. Talks in complete sentences with use of a large vocabulary.			
39. Interprets language beyond the literal meaning, understands play on words, and double meanings.			
40. Asks numerous questions – genuinely interested in knowing more-seeks reasons, insights, facts.			
41. Makes up stories, has ideas that are unique, likes to pretend, and predicts outcomes.			
42. Aware of problems that others may not see: quick to spot inconsistencies.			
43. Is capable of working independently, shows ability to plan, organize, execute and judge.			
44. Has interests of older children or of adults and can converse comfortably with them.			
45. Has a good memory.			
46. Is able to follow a four-step direction.			
47. Counts objects beyond 20.			
48. Uses extensive detail in drawings and descriptions.			
49. Has many different ways of solving problems.			
50. Is able to remain on task for a minimum of 25 minutes.			
51. Is able to read independently.			
52. Learns new games or activities quickly.			

Is there any information you feel your child’s teacher should know about your child (example: special interests, talents, or characteristics)?

Signature of Parent/Guardian

Date

THANK YOU.