



KINGSWAY ACADEMY ELEMENTARY SCHOOL

KINDERGARTEN THREE APPLICATION SUPPLEMENT

6/7/10

Student's Last Name		First		Middle		Nickname		
Age:	D.O.B.:	Month		Day		Year		
Address:		Street Address:				P.O. Box:		
Mother's Name:								
Mother's Employment:						Occupation:		
Telephone:		Work:		Mobile:		Home:		
Father's Name:								
Father's Employment:						Occupation:		
Telephone:		Work:		Mobile:		Home:		
Email:	Mother's:			Father's email:				
Child's Birth:	Full term:		Premature:		Other: (please explain)			
ACTIVITIES:	Please tick appropriate response							
WALKS:	Well			Needs Help				
RUNS:	Well			Needs Help				
CLIMBS:	Well			Needs Help				
TALKS:	Yes	No	In words?:	Yes	No	Sentences:	Yes	No
MEDICAL INFORMATION:	Please tick appropriate response							
Any hospitalization?	YES (if yes, please explain)				NO			
Any physical disabilities?	YES (if yes, please explain)				NO			
Wears glasses?	YES				NO			
Wears a hearing aid?	YES				NO			
Any known allergies? (Asthma, hay fever, insect bites etc.)	YES (if yes, please explain)				NO			
Any allergies to any medication?	YES (if yes, please explain)				NO			
Any medications regularly given to child?	YES (if yes, please explain)				NO			
Any allergies to food or drink?	YES (if yes, please explain)				NO			
Eating habits?	Independent				Needs encouragement			
In case of hospitalization, which hospital?	Doctors' Hospital				Princess Margaret Hospital			
BATHROOM HABITS:								
Does child say when he/she need to use the bathroom?				YES	NO			
Is there a special name used to refer to bathroom?				YES	NO	Name:		
Word for urination:				Word for bowel movement:				
Does child need help with toileting?				YES	NO			
Does child wet bed at night or naptime?				YES	NO			
Any emotional concerns?								
Discipline practices in the home?								
Any additional information that may be helpful to the teacher? (sucks finger, bites etc.)								

I certify that all the information in this document is true and correct.

Parent's signature

Date

Parent's signature