



# KINDERGARTEN FORMS



TELL US  
ABOUT YOUR  
CHILD

NORTHUMBERLAND  
CHRISTIAN  
SCHOOL

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# KINDERGARTEN READINESS

## IS YOUR CHILD READY FOR KINDERGARTEN?

Readiness for Kindergarten depends more on development than age and there is a wide range of abilities among children who are in between the ages of three and a half and five. If your child does not have all the skills or abilities of others his age, it may indicate that his developmental age is younger, and he may need more time before he can master those skills. Children who have a birthday after September may fall in this category. Our program is designed to be a full-time program with lots of options for students who are not yet ready for a full-day, full week program. I would be happy to talk to you in person to explore your options. We spend a lot of time reviewing curriculum in Jr. and Sr. Kindergarten. Those who are not yet ready for a full-day program are able to revisit the material and work towards developing the skills necessary for them to become successful Kindergarten graduates, ready for grade one.

How can you tell if your child is ready? You know your child best. Look at the material below and see if it supports your opinion. You can also obtain valuable information from preschool teachers (if he/she attended) and your child's teacher-to-be. If you are at all concerned about your child's readiness for Kindergarten, discuss some of the following readiness questions with the teacher. Remember that Kindergarten will provide valuable structured learning experiences even for those less developmentally mature, although an extra year may be needed before development and skill mastery are achieved.

### General Readiness Checklist

Has your child:

- had their vision checked?
- had their hearing checked?
- had their immunizations updated?

Is your child:

- aware of dangers such as electricity, traffic, and fires?
- able to express self in complete sentences?
- able to cope with new situations?
- able to remember a song or a nursery rhyme?
- able to dress independently?
- able to toilet independently?
- able to name colours?
- able to count?
- able to follow instructions?



## KINDERGARTEN READINESS

How will your child respond to:

- sitting still and listening while the teacher reads a story that takes more than 5-minutes?
- learning about routines at school?
- separating reasonably from parents on school days?

Has your child had an opportunity to:

- make some of their own choices?
- experience with crayons, pencils, and scissors?
- be regularly responsible for some tasks at home, (counting out the forks, setting the table.)
- spend time away from home without mom or dad?
- participate in group experiences? What was that experience like?
- play with a variety of children?

What Can Parents Do to Help Create a Positive Kindergarten Experience for their child?

- Talk with your child. Ask your child questions. Children learn to think by trying to formulate answers. Listen to them and encourage them to listen when people speak. This is a vital skill for learning.
- Encourage your child to use complete sentences when asking a question or telling a story.
- Encourage proper pencil grip. This is the foundation for creative writing. (using thumb and pointer to hold the pencil and middle finger to support the pencil – 3-point grip)
- Encourage your child to practice holding scissors straight and turning the paper to cut.
- Encourage your child to write their own name in capital letters. This is what they will learn first through the “Hand Writing Without Tears” curriculum at NCS.
- Read with your child. Reading with your child is important because it contributes to vocabulary and oral language development. Allow them to see your love for reading.
- Involve your child in counting items at home: stair steps on the way up to bed, red cars on long trips.
- Help them to be independent in dressing, toiletry, tying shoelaces, cleaning up after themselves and caring for their own possessions.
- Try to maintain regular sleeping habits. Ten to twelve hours of sleep are needed. Lack of sleep interferes with their school progress the next day by making them easily irritated and upset.
- Send your child off on a positive note as this often makes a difference between a happy or unhappy day at school.
- Remind them how they will be getting home from school.
- Encourage them to be considerate of others and to develop respect for adults and authority. If they see you support their teacher and the school, they will too.
- Be consistent. Follow up what you asked your child to do; if they have not done it, insist.
- Do not threaten with anything you cannot carry out. Carry out your threat if the task is not done.
- Limit screen time and encourage outdoor play and creativity.



## CHILD'S INFORMATION

This is a preliminary registration form. For the full registration package, please see our "NCS Enrollment Forms" booklet.

Full Name: \_\_\_\_\_

Date of Birth (M/D/Y): \_\_\_\_\_

1. Is your child currently attending a pre-school program? YES [ ] NO [ ]

If Yes, where: \_\_\_\_\_

2. Are there any agencies currently providing support to your child? YES [ ] NO [ ]

If Yes, who and why: \_\_\_\_\_

\_\_\_\_\_

3. Are there any prescribed medications that your child requires? YES [ ] NO [ ]

If Yes, please provide details: \_\_\_\_\_

\_\_\_\_\_



# CHILD'S INFORMATION

PLEASE FILL IN AND SUMMARIZE ANY CONCERNS  
OR NEEDS BELOW

JK

SK

## PHYSICAL

- |  |                                  |                                 |                                  |                                 |
|--|----------------------------------|---------------------------------|----------------------------------|---------------------------------|
| 1. a) Toilet trained                   | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |
| b) Needs washroom modifications        | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |
| 2. Able to walk without assistance     | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |
| 3. Hearing within normal range         | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |
| 4. Vision within normal range          | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |
| 5. Dresses independently               | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |
| 6. Can control pencil/crayons/scissors | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |
| 7. Able to feed self independently     | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |

## COMMUNICATION

- |  |                                  |                                 |                                  |                                 |
|--|----------------------------------|---------------------------------|----------------------------------|---------------------------------|
| 1. Vocabulary age appropriate                  | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |
| 2. Speech is clearly understood                | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |
| 3. Speech in complete sentences                | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |
| 4. Recognizes and names people, places, things | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |
| 5. Requires special technology to communicate  | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |

## SOCIAL BEHAVIOUR

- |  |                                  |                                 |                                  |                                 |
|--|----------------------------------|---------------------------------|----------------------------------|---------------------------------|
| 1. Has good listening skills                   | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |
| 2. Attention span is very short                | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |
| 3. Reacts very impulsively                     | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |
| 4. Reacts verbally or aggressively with others | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |
| 5. Is very shy, withdrawn, fearful of others   | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |
| 6. Accepts consequence for behaviour           | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |
| 7. Will often tantrum or be defiant            | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |
| 8. Shares and cooperates with others           | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |
| 9. Accepts routines and direction from adults  | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |
| 10. Cares for personal property                | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |

CONCERNS OR NEEDS:

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