



KINDERGARTEN PROFILE

Date: _____

Child's name: _____ Gender: Male Female

Preferred Program: Full Time: or Part Time: Year of Requested Enrollment: _____ (Mth/Yr)

Birth date: _____ (Mth/Day/Year) *Please attach a copy of Birth Certificate.*

Parent/Legal Guardians' Names: _____

Younger siblings:

Child's name: _____ Birth date: _____

Child's name: _____ Birth date: _____

Has your child attended a nursery and/or preschool program? Yes No If Yes, please provide details:

Is there anything you wish to convey to the school about your child's character/background? _____

Does your child have any difficulty with social adjustments? Yes No If Yes, please explain: _____

MEDICAL INFORMATION

Are your child's immunizations up to date? Yes No Care Card #: _____

Please describe your child's physical condition: _____

Can your child participate in a full Physical Education Program? Yes No If no, please describe reason: _____

Does your child have any of the following medical conditions:

- Diabetes Epilepsy Vision Problems Hearing Problems
- Asthma Allergies Heart Condition Other: _____

Are any of the above conditions life threatening? Yes No If yes, explain: _____

Does your child require medications? Yes No If Yes, explain: _____

Does your child require assistance in taking medications? Yes No *(If yes, authorization forms available at main office)*

Additional comments: _____

Family Doctor: _____ Phone: _____

EDUCATIONAL SUPPORT SERVICES

Is English your child's first language? Yes No If no, what is first language? _____

Is your child's current/prior schooling in any language other than English? Yes No

If yes, what language? _____

Does your child have any difficulty with speech or language? Speech Articulation only

*If you answered "Language Development/Social Skills",
please fill out the Education Support Services Form*

Language Development / Social Skills

No

Has your child received, or is your child receiving, Speech Language Therapy? Yes No

Has your child received, or is your child receiving, Occupational Therapy? Yes No

Has your child received services through a Child Development Center? Yes No

Does your child experience anxiety or behaviour issues? Yes No

If yes to any of the above, please explain and attach copies of all relevant documentation/diagnosis: _____

Does your child have any of the following: Autism, FASD, Cerebral Palsy, Prenatal Exposures? Yes No

If yes, please fill out the Education Support Services Form

CHILD CUSTODY

Has there been Social Services involvement regarding your child? Yes No If yes, please explain: _____

Are there any court orders regarding custody of your child? Yes No If yes, please explain and provide a

copy of relevant documentation: _____

Persons to contact in case of emergency, other than parent/guardian:

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

I/we understand that if space is not available in the preferred full or part time kindergarten program applied for, we will be offered space in the next available class which could be either full or part time. Available spaces are filled according to the date the completed application has been received by the LCS Central Office. For families new to LCS, acceptance will be confirmed after an admissions interview.

Parent/Guardian Name: _____

Signature: _____

Date: _____