



Thorsby Elementary School Pre-Kindergarten



Program Planning (Unfunded Student)

Parent Name: _____ Child's Name: _____

Class Preference:

Please indicate your preference by numbers using 1 or 2 with 1 being your first choice.

_____ Tuesday/Thursday morning _____ Tuesday/Thursday afternoon

*We will do our best to ensure that parents receive their preferred choice of class time, however, we cannot guarantee any specific class placement. We prioritize placing children into a class based upon their needs at school. Also, if your child ends up receiving M/M or PUF funding to attend our program after your initial registration, we may no longer be able to accommodate the program time you requested.

Child's Information:

Please take the time to fill out these questions to the best of your ability. It will help us place your child into a class that will best accommodate their needs at school.

1. Do you think your child hears well? Yes _____ No _____

If no, explain: _____

2. Do you have concerns about your child's vision? Yes _____ No _____

If yes, explain: _____

3. Do you think your child talks like other children their age? Yes _____ No _____

If no, explain: _____

(List any services or assessments received)

4. Can you understand everything your child says? Yes _____ No _____

If no, explain: _____

(Can your family, friends and the public understand your child? Can you understand 90%?)

5. Do you think your child walks, runs and climbs like other children their age?

Yes _____ No _____

If no, explain: _____

6. Are they able to colour or eat without any assistance? Yes _____ No _____

If no, explain: _____

PLEASE TURN PAPER OVER

7. Do you have any behavioural concerns with your child? Yes _____ No _____

If yes, explain: _____
(Do they hide, scream or hit if they are unhappy?)

8. Does your child listen when they are asked to do something? Yes _____ No _____

If no, explain: _____

9. Do you think your child shares and plays nicely with others? Yes _____ No _____

If no, explain: _____

10. Do you think your child will have issues being dropped off? Yes _____ No _____

If yes, explain: _____

11. Does your child have any strong fears? Yes _____ No _____

If yes, explain: _____

12. Has your child had any medical problems recently? Yes _____ No _____

If yes, explain: _____

13. Does your child have any allergies? Yes _____ No _____

If yes, explain: _____

14. Is your child independent with their toileting? Yes _____ No _____

If no, explain: _____
(Are they able to use the bathroom without any help?)

15. Is there anything about your child that worries you? Yes _____ No _____

If yes, explain: _____

Please use the space below to indicate anything else that we may need to know:

We will contact you primarily through email. Please provide your information:

Email: _____

Home Phone: _____

Cell Phone: _____

Thank you for taking the time to fill out this form!

If you have any further questions, please contact our school office at 780-789-3776.