



CASTAIC ELEMENTARY SCHOOL

"A California Distinguished School"

Stephanie Beach - Principal

CASTAIC ELEMENTARY SCHOOL
30455 Park Vista Drive Castaic, California 91384
(661) 257-4530

Kindergarten/TK Questionnaire

Reg # _____

Registration Date: _____

Male

Female

SP ELD RSP SDC

OFFICE USE ONLY

Student's Name: _____ Date of Birth _____

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Home Phone #: _____ Dad's Cell #: _____ Mom's Cell #: _____

Primary Email: _____

- Has your child attended preschool? Yes No
- Do you have other children attending this school?
 Yes No

Other Child's Name: _____ Grade: _____

Other Child's Name: _____ Grade: _____

Other Child's Name: _____ Grade: _____

- Have any of these events occurred in your immediate family within the past year?

Divorce Death Serious Illness

- Does your child have any special needs? (allergies, medications, speech, vision, hearing, etc)

- What precedes/causes an incident? _____

- Has your child qualified for any Special Education services? Yes No

If so, please explain or contact the school: _____

• Will your child attend child care? Yes No

If Yes: Before School After School Both

Name of Child Care Provider: _____

• Do you work outside of the home?

Yes No

• Place of Employment: _____ Phone _____

Hours: _____

• Does your child enjoy looking at books? _____

• Do you read to your child? _____ How Often: _____

• Is your child able to remember a simple song or nursery rhyme? _____

• Has your child had experience using scissors? _____ Which hand? _____

• Has your child had experience using pencils and crayons? _____ Which hand? _____

How do you discipline your child? _____

• Is your method of discipline effective? _____

• Please describe your child's strengths and weaknesses:

• What do you expect your child to get out of kindergarten?

• We are always in need of parent volunteers to help in the classrooms throughout the year. Would you be interested in helping in class on a weekly or bi-weekly basis for about an hour per visit? _____

• Is there anything special you would like us to know about your child? _____

Thank you for completing this questionnaire. This additional information will assist us in the placement of your child. Please be assured that we will review each child's needs individually and select the class in which we believe he/she will be most successful. All information on this questionnaire will remain confidential.