



Kindergarten School Registration Form

Lighthouse Christian Academy

2015-2016

Additional Information for Teacher:

Does your child have any toys, favourite pets or activities?

Has your child attended pre-school? Yes No

If yes, name of school: _____

Other experience in a group setting:

Does your child have any learning or disciplinary problems? If so, please supply details:

Can your child say his/her (please circle):

First & last name	YES	NO
Address	YES	NO
Phone number	YES	NO
Birthday	YES	NO

Can your child (please circle):

Identify:	None of	about ½ of	all of	the numbers 1 to 5
Identify:	None of	about ½ of	all of	the numbers to 10
Identify:	None of	about ½ of	all of	the capital letters
Identify:	None of	about ½ of	all of	the lower-case letters
Identify his/her own name in print:			YES	NO
Print his/her own name in print:			YES	NO

How do you want your child to print his/her name? e.g. Robert, Bobbie or Bob _____

Any other information that you feel would be helpful for the teacher to know to help your child's transition to kindergarten be successful:
