

TROY AREA SCHOOL DISTRICT
KINDERGARTEN REGISTRATION PARENT INFORMATION SHEET

1. Child's Name: _____ Date of Birth: _____
2. Mother's Name: _____ Father's Name: _____
3. Name(s) and age/grade of any sibling(s): _____
4. Other students attending Croman that are a relation to your child? _____
5. Can your child use the bathroom independently? Yes _____ No _____
Can your child tie his/her own shoes independently? Yes _____ No _____
Can your child zip or button his/her own coat independently? Yes _____ No _____
6. Did your child attend a daycare or preschools in the past couple years:
Stepping Stones Daycare: _____ How many days a week attended: _____
Leaps and Bounds Daycare: _____ How many days a week attended: _____
Spire Nursery School: _____ How many days a week attended: _____
Headstart: _____ How many days a week attended: _____
Other day care _____ How many days a week attended: _____
7. Does your child have any allergies: _____
8. Please write a brief statement about your child's behavior in preschool: _____

9. Please write a brief statement about your child's behavior at home: _____

10. Can your child follow simple directions? _____

11. Is your child cooperative and helpful? _____
12. Does your child have any behaviors or medical concerns that might interfere with learning? _____
If yes, please specify. _____

13. Does your child currently have an IEP for academics, speech or behavior? _____
If yes, which are? _____
14. How often do you read to your child? _____
15. Does your child have a favorite book they like to read or hear you read to them? _____
If yes, what is the name of the book? _____
16. What are your child's favorite things to do? _____
17. Other areas of concern we should be aware of? _____
