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## MEI Elementary School Kindergarten Registration Information

Dear Parent(s):

In order to complete your child’s registration for kindergarten please fill out and return the following information. All information will be kept confidential and will not be shared without parental permission. This information is very important for us as we determine staffing levels, plan for student programs and plan for class composition.

**Failure to provide accurate and complete information about your child could result in an invalid registration. Students who arrive at school with additional needs that are not disclosed during the registration process, may not be admitted.**

Parent(s) Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Yes No Was your child’s entry into Kindergarten delayed? **If yes, please explain.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes No Does your child have separation anxiety? If yes, has a formal assessment been completed by a pediatrician? **Please attach report and explain.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes No Has your child had preschool or play-group experiences? **(Please describe and give the name of the preschool.** \_\_\_\_\_  
\_\_\_\_\_

Yes No Has your child’s preschool teacher discussed any concerns with you about your child. **If yes, please explain. (Include name and contact number of the school and contact in person in case we need to contact them.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes No Does your child have any “anger” issues (aggressive play, temper tantrums) **If yes, please explain.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes No Has your child been seen by or referred to any professional other than your family doctor? (ie: Pediatrician, FHAN, Child Development Center, Play Therapist, Etc.) If Yes, please describe and attach copies of any reports? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information I would like you to know about my child:

**I consent to have Mrs. Harris or Mrs. Penner, MEI Learning Support teachers, talk to any of the above staff about my child. We will contact you first if we feel this is necessary. (Please initial) \_\_\_\_\_**

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_