

# Welcome to Kindergarten Transition Form 2024/25



Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Information from parents, early childhood educators, childcare providers and other support services helps the school make sure that your child has the best transition into kindergarten as possible.

Please take the time to fill out this form and bring it to the school during the Welcome to Kindergarten Event or email to [catherine.munro@sd71.bc.ca](mailto:catherine.munro@sd71.bc.ca)

**Name of Early Years Program/Centre your child attended (if applicable):**

*Consent for release of information to School District #71*

*I give consent for the above school to contact the Early Years Program/Centre listed above to communicate verbally and/or in written form regarding my child's transition to kindergarten.*

Yes

No

Parent/Guardian Signature: \_\_\_\_\_

***\*\*You have the option of who you would like to provide information about your child. You may choose more than one person to fill out the form. Multiple forms can be submitted to the school if needed.***

***TRANSITION FORM COMPLETED BY (please check on box applicable):***

Parent/Guardian

ECE/Childcare Provider

*I give consent for the above Early Years Program/Centre listed above to fill out the information about my child.*

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian and ECE/Childcare Provider

Other:  Please let us know who filled out form: \_\_\_\_\_

# Welcome to Kindergarten

## Transition Form 2024/25



Child's Name: \_\_\_\_\_

*What would you like us to know to best understand your child? (strengths, challenges, personality, fears, goals, talents, how they learn best, etc.)*

*Does your child have friends coming to kindergarten? If yes, who:  
We consider friends when creating classrooms, but there are no guarantees.*

*Has your child participated in any previous group experiences? (dance, art class, music, skating, soccer, etc.)*  
Yes  No

*Is there something we can do to help support the transition to kindergarten?*

*What are your hopes and wishes for your child during their kindergarten year?*

*For your child to answer: What do you want your kindergarten teacher to know about you? Is there something that you would like to ask your teacher? (Please feel free to draw your teacher a picture and attach it also).*