



ÉCOLE TEMPLETON

1340 Templeton Avenue. Winnipeg, MB. R2P 2T1.
Phone : 204-589-9853 Fax : 204-632-6502
Instagram : @EcoleTempleton
Website : www.7oaks.org/school/templeton
Directrice (Principal): Michelle Jean-Paul
Directrice-adjointe (Vice-Principal): Véronique Laprise

Les effets scolaires en maternelle (*Kindergarten School Supply List*)

Bienvenue à la maternelle. Welcome to kindergarten. We look forward to a wonderful year with your child.

As our school and school division continue to plan for safety guidelines in respect to COVID19 over the summer months, you will receive more information closer to the fall.

The supplies needed for the maternelle (kindergarten) program are as follows.

- ✓ **\$30.00** - This money will be used to purchase their school supplies for the year.
- ✓ **1 pair of runners** - Please send **VELCRO OR SLIP ON RUNNERS** clearly marked on the outside with your child's name, which your child can **leave at school** and wear in the school only.
- ✓ Children should have a medium size backpack clearly marked with your child's name in order to transport their snack, books and to carry home notes and crafts. The backpack should be able to fit a 2 inch- 3 ring binder.
- ✓ A change of clothes (extra underwear, pants, shirt & socks) in a bag to be kept in their backpack.

Please bring these items to your child's orientation visit in the fall (more information to come in late August).

À bientôt/See you soon,

Mme Bogaert, Mme Diaz et Mme Alexander

Getting to Know Your Child

When possible, please pay school fees online on Parent Connect in the fall. If paying by cheque, please make it payable to École Templeton. If paying by cash, please have exact change.



Follow us on Instagram: @EcoleTempleton

Child's Full Name _____

Preferred name to use in school _____ Date of birth _____

Parent/ Guardian Names: _____ Relationship to child _____

_____ Relationship to child _____

E mail address: please list email address used most frequently:

_____ @ _____

Contact Information:

Parent/Guardian 1: _____ Home # _____ Work # _____

Cell # _____ E-mail Address _____

Parent/Guardian 2: _____ Home # _____ Work # _____

Cell # _____ E-mail Address _____

Does your child live with both parents? _____ If not, please describe family arrangements:

Does your child have any allergies; asthma or health concerns we should know about?

Will your child be given any medication, puffers, etc. at school? If so, please note below and fill out prescribed medication form from the office.

In case of illness at school, who is the best person to contact?

Name	Relationship	Phone Number Cell Phone #
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First Contact:

Second Contact:

Third Contact:

How will your child get to school?

How will he/she get home from school? Please list people authorized to pick up your child.

These are my child's siblings.

Name	Age	Grade/Teacher	School

My child has been cared for exclusively by parents _____ OR

	Years	Full time	Part time
In my home by relative			
In relative's home			
In non-relative's home			
In my home by non-relative			

My child has attended

Name of Preschool or Daycare	Years attended	Full time	Part time	Comments

My child first learned to speak the _____ language. My child now speaks

_____ and _____. If English is an additional

language, please comment on how well your child speaks (i.e. a few words, understands, doesn't

speak) _____

Does your child have any difficulties with speech? _____ If yes, have you sought help for this?

Please describe. _____

The important things about my child are

Other Special Interests (creative, imaginative, musical, organizational, athletic, etc...)

Describe how your child interacts with books. Do you read to your child daily? If your child is reading, how long has s/he been reading?

My child finds this difficult....

My child is afraid of

What responsibilities does your child have at home?

Has your child shown a hand preference? _____ If so is s/he right or left handed? _____

My child has acquired the following skills (Please note that none of these are required for entry.):

Says full name Knows address Knows a safety phone number

Knows birthday Prints first name Counts to _____

Knows colour names Ties shoes Buttons & zips clothes

Recognizes numbers to 12 Enjoys listening to stories

Recognizes capital letters Interested in drawing/ writing

Recognizes lowercase letters Experienced using scissors

Recognizes letter sounds Uses computer

What are your expectations for the maternelle program?

What are your child's expectations for the maternelle program?

Please list any friends/acquaintances in our class that your child knows?

Would you be interested in helping in the classroom?

Do you or your extended family members have any particular skills or interests that could benefit our maternelle (kindergarten) programs?

Is there any other information you would like us to know?

Merci (thank you) for taking the time to fill out this form thoughtfully and thoroughly. We want your child's introduction to school to be the best it possibly can be. The more we know and understand your child, the better year it will be.

Mme Girouard-Bogaert, Mme Diaz et Mme Alexander