



Admissions Department
A100-123 Doncaster Street
Winnipeg, Manitoba R3N 2B4
204.477.7489
admissions@grayacademy.ca

For office use only:

Date sent:

- | | |
|---------------------------------------|---------------------------------------|
| <input type="radio"/> JK 3 – Half Day | <input type="radio"/> JK 4 – Half Day |
| <input type="radio"/> JK 3 – Full Day | <input type="radio"/> JK 4 – Full Day |
| <input type="radio"/> Kindergarten | <input type="radio"/> Grade 1 |

Early Years Student Profile

JUNIOR KINDERGARTEN – GRADE 1 ADMISSION

Your child's application is only complete when this form has been submitted

PLEASE COMPLETE AND SUBMIT YOUR FORM WITHIN ONE WEEK OF RECEIPT.

GETTING TO KNOW YOUR CHILD

For our youngest students, the transition to a new school is an exciting and important next step in their learning journey.

The Student Profile is an important tool to help us get to know your child and ensure a smooth transition into our Early Years program. Please provide as much information as possible about your child. Feel free to attach additional documentation, if applicable.

This form is **not used to assess your child** or to determine whether or not your child will be accepted to Gray Academy. It is simply to provide our team with as much information as possible to ensure a positive experience for your child.

Privacy and Confidentiality

The information you provide here is private and confidential. It will be reviewed only by our Early Years Coordinator, our Principal and your child's classroom teachers.

We Know Your Child is Growing!

We understand there are several months of development ahead for your child between now and the start of school. If there are changes to any of the information you provide here, you will have the opportunity to discuss these when you meet face-to-face with your child's classroom teachers before the start of school.

Complete and Submit Your Student Profile

You can complete this fillable form online, save it and email it to: admissions@grayacademy.ca.

You can also print and complete it by hand, then submit it in a sealed envelope to the school office to the attention of the Admissions Department.

Early Years Student Profile

JUNIOR KINDERGARTEN – GRADE 1 ADMISSION

PARENT/GUARDIAN INFORMATION	
Parent/Guardian 1	Parent/Guardian 2 (if applicable)
Name	Name
Relationship to student	Relationship to student
Email:	Email:
Phone number:	Phone number:

YOUR CHILD'S INFORMATION		
Child's Name		
Last	First	Middle
Nickname (if applicable):		Hebrew Name (if applicable):

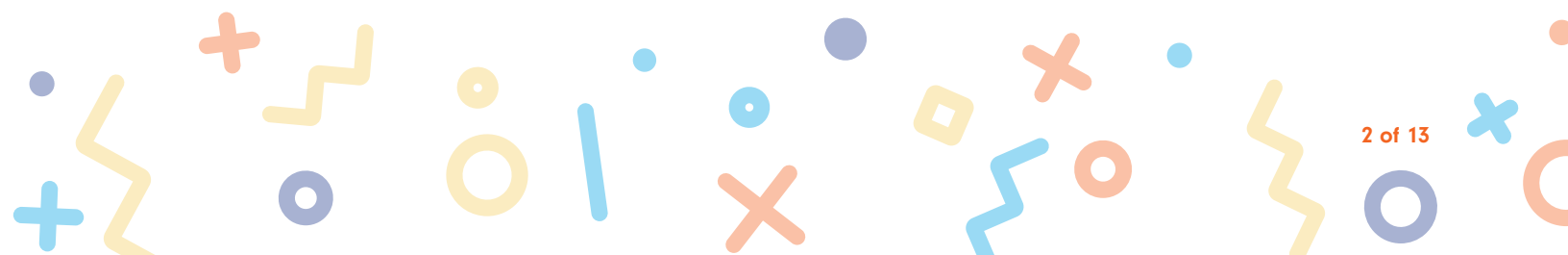
Applying to:

- | | |
|---|------------------------------------|
| <input type="radio"/> Junior Kindergarten – morning only | <input type="radio"/> Kindergarten |
| <input type="radio"/> Junior Kindergarten – morning plus lunch hour | <input type="radio"/> Grade 1 |
| <input type="radio"/> Junior Kindergarten – full day | |

Does your child know any other students entering the same program/grade at Gray Academy?

- Yes
- No

If yes, please list (please note we will consider this information for classroom placement, but we cannot guarantee that children will be placed together):



Early Years Student Profile

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YOUR CHILD'S JEWISH EXPERIENCES

Why are you interested in a Gray Academy Jewish education for your child

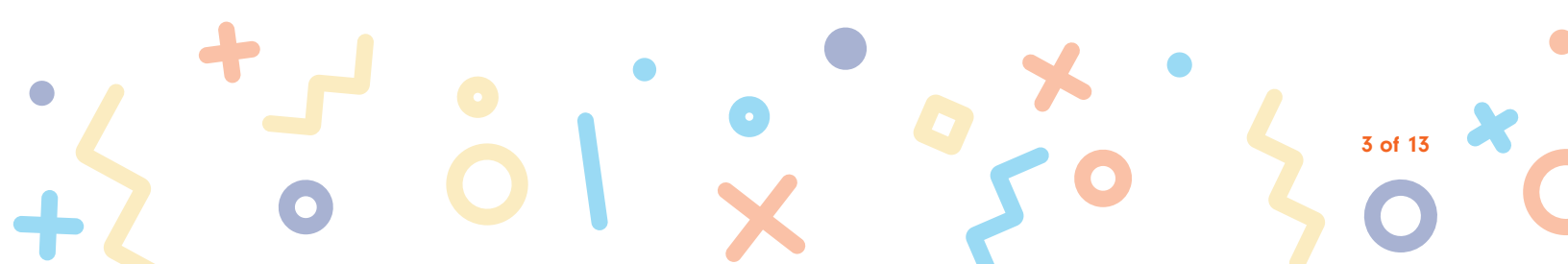
Which, if any, Jewish holidays do you celebrate?

Does your child receive monthly Jewish books from the PJ Library?

- Yes
- No

Has your child attended a Jewish day camp? Please include names and dates attended:

Name of Day Camp	Date Attended



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YOUR CHILD'S HOME ENVIRONMENT

How long has your child lived in Canada?

- Since birth
- Less than six months
- More than six months
- More than one year

Does your child live with:

- Two parents, same household
- Two parents, different household
- One parent only
- Other

Does your child have siblings at home? No Yes (if yes, how old are they)

Age	Age
Age	Age

Outside of school, which adult(s) does your child spend the most time with (check all that apply)?

- Parents
- Grandparents
- Nanny/caregiver
- Older sibling(s)
- Other

YOUR CHILD'S HEALTH

Do you have concerns with any of the following regarding your child? No Yes (if yes, please explain)

Allergies:	
Does your child require an EPI PEN?	<input type="radio"/> No <input type="radio"/> Yes
Will your child wear the EPI PEN on their person daily	<input type="radio"/> No <input type="radio"/> Yes
Please provide any additional details re: EPI PEN use/need:	

Early Years Student Profile

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YOUR CHILD'S HEALTH (CONTINUED)	
Hearing:	
Speech:	
Vision:	

Does your child take any prescription medications? No Yes (if yes, please list)

Name of medication / Reason for medication
--

Please describe your child's eating habits (including food preferences and dislikes); if there are any concerns we should be aware of, please explain:

--

Please describe your child's sleeping habits:

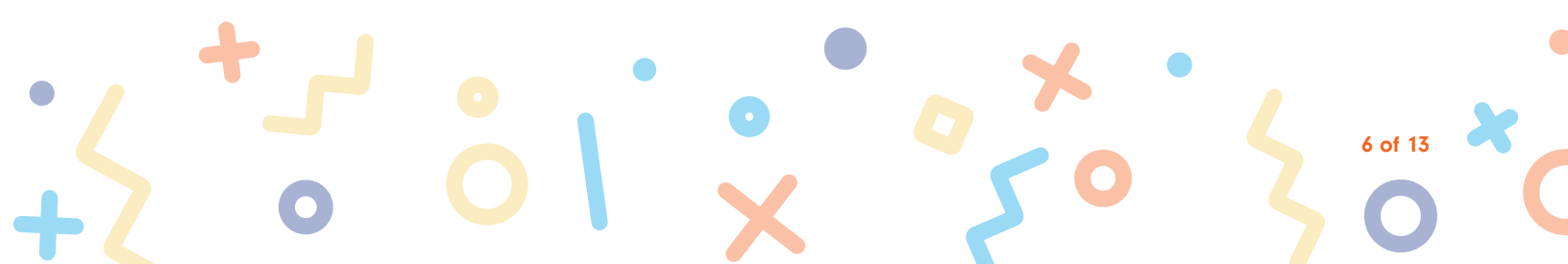
Typical bedtime:
Number of hours of sleep each night:
Daytime nap, if any:

Please list some of your child's favourite activities at home:

--

Please list any other organized activities your child has participated in, such as music, dance, art, gym, etc.:

--



Early Years Student Profile

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YOUR CHILD'S LANGUAGE SKILLS

What is your child's first language?

Please list other languages your child speaks: _____ Please list other languages your child understands: _____

Which language does your child use most often:

at home	in school or care	with caregiver(s)
---------	-------------------	-------------------

Please describe your child's verbal communication

	in ENGLISH			If other than English, in his/her FIRST LANGUAGE :		
	Developing	Good	Advanced	Developing	Good	Advanced
Clarity of speech	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocabulary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to answer questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to tell stories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfort speaking to adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfort speaking to other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How well is your child's verbal communication understood by:

	Sometimes	Usually	Always
Other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please feel free to share any additional details you would like us to know about your child's language capabilities:

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YOUR CHILD'S DEVELOPMENT

Please indicate where your child is at today. We understand that your child has several months of development ahead between now and the fall. We will be in touch to discuss updates to your child's development before the start of school.

Dressing

Is your child able to dress independently, including doing buttons and zippers? No Yes

Toileting

To attend Gray Academy, your child must be toilet trained. We understand your child has several months of development ahead, so please do not be concerned if your child is not quite there yet.

Is your child is **fully toilet trained**:

For urinating? No Yes For how long? _____

For bowel movements? No Yes For how long? _____

Is your child able to use the toilet independently?

Undress No Yes

Wipe (urination) No Yes

Wipe (bowel movement) No Yes

Re-dress No Yes

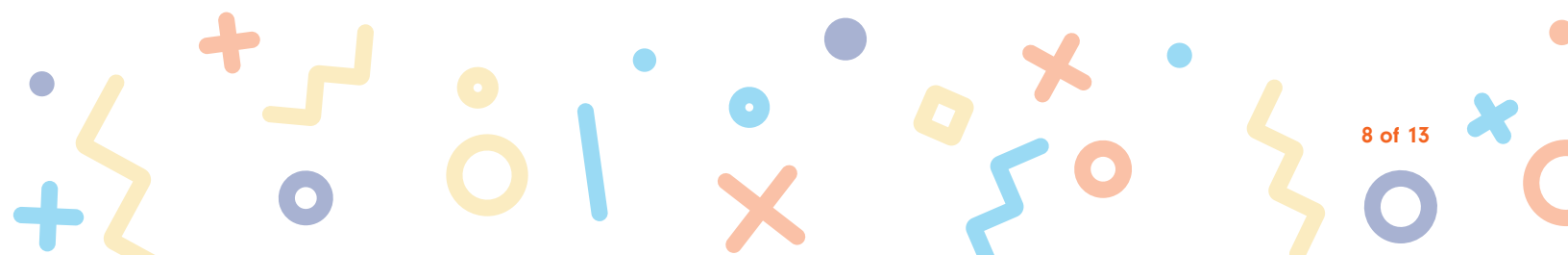
Washhands No Yes

If no, please provide details:

Does your child have accidents more than once a week? No Yes

If yes, please provide details:

IF your child is **not fully toilet trained**, please provide details:



Early Years Student Profile

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Motor Skills

Describe your child’s capability with:

	Not there yet	With support	Independently
Printing letters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing numbers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drawing/colouring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using scissors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using glue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which hand does your child prefer to use? Left Right No Preference

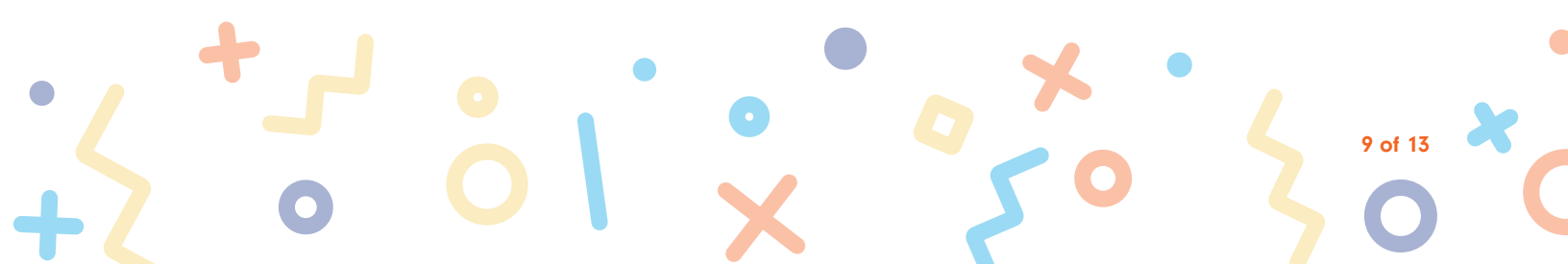
Supports

Has your child required support from any of the following specialists during his/her preschool years?

If yes, please provide details below. Please provide copies of any relevant reports/assessments/documentation from specialists.

Speech Language Pathologist: <input type="radio"/> No <input type="radio"/> Yes	Dates / Reasons:
Physiotherapist: <input type="radio"/> No <input type="radio"/> Yes	Dates / Reasons:
Occupational Therapist: <input type="radio"/> No <input type="radio"/> Yes	Dates / Reasons:
Psychologist: <input type="radio"/> No <input type="radio"/> Yes	Dates / Reasons:
Other (please list):	Dates / Reasons:

If your child DID ATTEND a daycare or pre-school program skip to page.13



Early Years Student Profile

JUNIOR KINDERGARTEN – GRADE 1 ADMISSION

If your child does NOT currently attend a daycare or preschool, please complete the following questions

PERSONAL CHARACTERISTICS				
	Not Applicable	Never	Sometimes	Always
Is able to dress independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is able to eat meals and snacks independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shows interest in learning new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shows self-motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has a positive attitude about him/herself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accepts limits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makes eye contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is flexible with routines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can focus on an activity for 10 minutes or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The child usually takes role of:	<input type="radio"/> Leader	<input type="radio"/> Follower	<input type="radio"/> Leader and Follower	

Early Years Student Profile

JUNIOR KINDERGARTEN – GRADE 1 ADMISSION

If your child does NOT currently attend a daycare or preschool, please complete the following questions

SOCIAL/PHYSICAL DEVELOPMENT				
	Not Applicable	Never	Sometimes	Always
Interacts well with family and friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shares and plays with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can wait his/her turn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperates with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shows empathy toward others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can be calmed when upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can use words to express problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can resolve problems without physical engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognizes responsibility for actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates self-control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates integrity/trustworthiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participates in physical group activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engages well with others on the playground	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respects others' bodies and space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates gross motor co-ordination: balance, walking, running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Early Years Student Profile

JUNIOR KINDERGARTEN – GRADE 1 ADMISSION

If your child does NOT currently attend a daycare or preschool, please complete the following questions

PRE-ACADEMIC DEVELOPMENT				
	Not Applicable	Never	Sometimes	Always
Can draw recognizable figures or objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can engage in conversation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shows curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows simple directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows multi-step directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can play independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completes tasks once started	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can speak clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates a growing vocabulary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognizes letters: upper case	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognizes letters: lower case	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can relay events in sequence (memory)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognizes shapes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can transition easily between activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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PARENT GOALS AND EXPECTATIONS

What are your expectations for your child in the year ahead?

Socially:

Academically:

Behaviourally:

What else would you like us to know about your child to ensure a successful school experience?

THANK YOU AND NEXT STEPS

Thank you for providing us with this very important information about your child.

You will receive an email after April 30th confirming your child's acceptance to Gray Academy.

Please save this form as a PDF and email to: admissions@grayacademy.ca