



## St. Joseph School Application

**Answers to the following questions will help your child's teacher to be prepared at the beginning of your son's/daughter's experience at St. Joseph School.**

Name of Child \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Names of Parents (or Guardian) \_\_\_\_\_

If Guardian, what is your relationship to the child? \_\_\_\_\_

Names and ages of siblings \_\_\_\_\_

Language spoken: \_\_\_\_\_ English \_\_\_\_\_ Other; please indicate: \_\_\_\_\_

Date of St. Joseph Parish Baptism: \_\_\_\_\_ (if baptized at other parish, please attach copy of baptismal certificate)

1. Has the child had preschool, Kindergarten or play class experience? \_\_\_\_\_ Yes \_\_\_\_\_ No

Where \_\_\_\_\_ Date \_\_\_\_\_ How Long \_\_\_\_\_

2. Are there persons other than parents and siblings living in the home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Who? \_\_\_\_\_

3. Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

4. Has there been anything unusual in the home or the family situation such as divorce, family deaths, family illness, frequent moving, etc.? \_\_\_\_\_

5. For which hand does your child show a preference? \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Ambidextrous

6. What special interests does your child have? \_\_\_\_\_

7. Do you feel your child will need any special help in these areas? \_\_\_\_\_ Hearing \_\_\_\_\_ Vision \_\_\_\_\_ Speech

8. Has your child participated in the Downers Grove Public Schools Preschool Screening Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. Are there any conditions to be watched for in school? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. Is your child on any medication? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please describe: \_\_\_\_\_

11. Is your child under treatment for any special conditions? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

12. Please indicate if you have concerns with:

- \_\_\_\_\_ Elimination
- \_\_\_\_\_ Allergies
- \_\_\_\_\_ Frequent nosebleeds
- \_\_\_\_\_ Hay fever
- \_\_\_\_\_ Sinus
- \_\_\_\_\_ Hyperactivity
- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Other: \_\_\_\_\_

13. Has the child ever been hospitalized? \_\_\_\_\_ Yes \_\_\_\_\_ No

For what? \_\_\_\_\_ For how long? \_\_\_\_\_

14. Are your child's playmates: \_\_\_\_\_ Older \_\_\_\_\_ Younger \_\_\_\_\_ Same age

15. Do you read to your child daily? \_\_\_\_\_ Yes \_\_\_\_\_ No

16. Do you go on family outings? \_\_\_\_\_ Yes \_\_\_\_\_ No Where? \_\_\_\_\_

17. How does your child share in family responsibilities? \_\_\_\_\_

18. What regular TV programs does your child watch? \_\_\_\_\_

19. Approximate bedtime: \_\_\_\_\_

20. What have you found to be an effective means of disciplining your child? \_\_\_\_\_

21. Does your child:

- Put on coat and boots? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Tie own shoe laces? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Take care of toilet needs? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Know name and address? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Know phone number? \_\_\_\_\_ Yes \_\_\_\_\_ No

22. What is your child's attitude toward starting school this year? \_\_\_\_\_

23. Is your child afraid of any of the following: \_\_\_\_\_ Dark  
\_\_\_\_\_ Being alone  
\_\_\_\_\_ Strangers (nurses, etc.)  
\_\_\_\_\_ Strange animals  
\_\_\_\_\_ Making mistakes  
\_\_\_\_\_ Other: \_\_\_\_\_

24. Would you be able to assist the Kindergarten teacher during the year? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain interests: \_\_\_\_\_

25. Has your child ever received special education in preschool? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_