



ST. JOSEPH SCHOOL

EXCELLENCE IN CATHOLIC EDUCATION

Kindergarten Application

Answers to the following questions will help our Kindergarten teacher be prepared at the beginning of your child's experience at St. Joseph School.

Name of Child _____ Gender _____ Birth Date _____

Address _____

Home Number _____ Cell Number _____

Email Address _____

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 baptism 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 death, family illness, frequent moving, etc.? _____

5. 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 School Preschool Screening Program? _____ Yes _____ No

9. Is your child taking any medication? _____ Yes _____ No If yes, please describe: _____

10. Is your child under treatment for any special conditions? _____ Yes _____ No

If yes, please describe: _____

Over please



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11. Please indicate if you have concerns with:
- Elimination
 - Allergies
 - Frequent nosebleeds
 - Hay fever
 - Sinus
 - Hyperactivity
 - Asthma
 - Other: _____
12. Has the child ever been hospitalized? Yes No
For what? _____ For how long? _____
13. Are your child's playmates: Older Younger Same age
14. Do you read to your child daily? Yes No
15. Do you go on family outings? Yes No Where? _____
16. How does your child share in family responsibilities? _____
17. What regular TV programs does your child watch? _____
18. Approximate bedtime: _____
19. What have you found to be an effective means of disciplining your child? _____
20. Does your child:
- | | | |
|----------------------------|------------------------------|-----------------------------|
| Put on coat and boots? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tie own shoe laces? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Take care of toilet needs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Know name and address? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Know phone number? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
21. What is your child's attitude about starting school this year? _____
22. Is your child afraid of any of the following: Dark
 Being alone
 Strangers (nurses, etc.)
 Strange animals
 Making mistakes
 Other: _____
23. Would you be able to assist with class activities during the year if needed? Yes No
If yes, please explain interests: _____
24. Has your child ever received special education? Yes No
If yes, please explain: _____