



Application for Pre-K3 and Pre-K4 Programs

Answers to the following questions will help our preschool teacher be prepared at the beginning of your child's preschool experience. Please complete a separate form for each child.

For the 2011-2012 school year, I am interested in the ____ 3-year-old program ____ 4-year old program

Name of child _____ Gender ____ Birth date _____

Names of parents (or Guardian) _____

If Guardian, what is your relationship to the child? _____

Address _____

Home Number _____ Cell Number _____

Email Address _____

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. For 4-year-olds, has the child had previous preschool 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, a recent move, 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: _____
11. Has your child ever been hospitalized? ____ Yes ____ No
For what? _____ For how long? _____

Over please



12. Please indicate if you have concerns with:

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

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 discipline for your child? _____

20. Does your child:

- Put on coat and boots? Yes No
- Tie own shoe laces? Yes No
- Take care of toilet needs? Yes 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 the Preschool teacher during the year? Yes No

If yes, please explain interests: _____