

Application for Cleary School's Preschool Program

Child's Name _____ Date of Birth _____

Address _____

Mother's name _____ Father's name _____

Siblings and ages _____

Phone: Home _____ Mother's cell _____

Father's cell _____

How did you hear about our program? _____

Would your child be able to attend school five days a week? _____

Would your child be able to arrive promptly at 8:45 every day _____

Is your child up to date on vaccinations? _____

Is your child able to celebrate holidays? _____

Is your child toilet trained? _____

List any preschool/child care experiences your child has had.

List any medical concerns (asthma, allergies, etc.)

Is there anything you would like us to know about your child?

Please answer all of these questions using this rating scale:

1-Always 2-Most of the Time 3-Sometimes 4-Occasionally 5-Seldom 6-Never

Can people easily understand your child's speech? 1 2 3 4 5 6

Is your child able to convey a thought? 1 2 3 4 5 6

Is your child able to use turn taking in conversations? 1 2 3 4 5 6

Is your child able to attend to short stories without pictures? 1 2 3 4 5 6

Can your child wait quietly to speak in a group setting? 1 2 3 4 5 6

Can your child change activities easily when asked? 1 2 3 4 5 6

Does your child engage in pretend play? 1 2 3 4 5 6

Does your child share cooperatively with others? 1 2 3 4 5 6

Would your child participate in an activity that is not his or her choice? 1 2 3 4 5 6

Would your child be able to stop a favorite activity when asked? 1 2 3 4 5 6

Does your child accept being corrected? 1 2 3 4 5 6

Please answer these questions: (use the back if needed)

Does your child tend to be passive or dominant in his/her conversations? Explain

How would your child respond to another child that he/she could not understand?

The hearing impaired children in the class may need a lot of repetition. Your child may become bored. In a "circle time" activity, what do you think your child would do while waiting for his/her turn?
