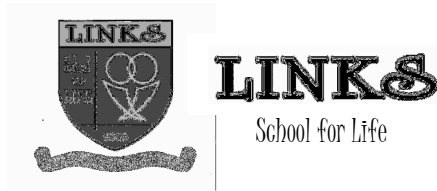


Application Date	Number
Preschool Level _____	



Attach ID Picture

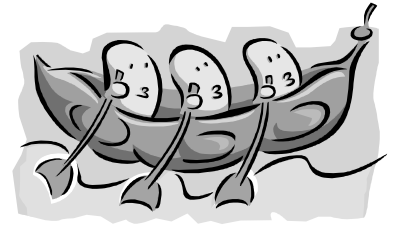
Links-POD

APPLICATION FOR ADMISSION: SY 20__ - 20__

Child's Name: _____			
First	Middle	Last	Nickname
Gender: F M		Birthday: _____	
		Month - Day - Year	
_____ Parent's/Father's Name		_____ Parent's/Mother's Name	
_____ Occupation/Employer		_____ Occupation/Employer	
_____ Home Address		_____ Home Address	
_____ 		_____ 	
_____ Daytime Phone (Landline:Home & Work)		_____ Daytime Phone (Landline: Home & Work)	
_____ Mobile #		_____ Mobile #	
_____ Email		_____ Email	
_____ Sibling's Name(s)/Age(s)/School(s)		_____ Sibling's Name(s)/Age(s)/School(s)	
_____ Sibling's Name(s)/Age(s)/School(s)		_____ Sibling's Name(s)/Age(s)/School(s)	
_____ Parent Signature		_____ Parent Signature	

Links-POD

Parent Questionnaire



Child's Name: _____

1. Please list others living in the home and the relationship to the child:

2. What language(s) is/are spoken in the home? _____

3. What do you enjoy most about your child?

4. What are your child's favorite interests and activities - when alone, with your family, and with friends?

Please rank your child's favorite activities beginning with number one as the activity your child spends the most time on.

5. Has your child attended a preschool/daycare/babysitting/playgroup program?

If "yes", what type of program?

How often did your child attend? _____ hours a week _____ days a week

How has the experience been for your child?

6. What do you find most challenging about your child?
7. What methods do you use most often to discipline your child?
8. We may have the opportunity to offer workshops to parents. Please circle topics that interest you.

Reading/Writing ADD/ADHD Math
 Stress Management Time Management Nutrition
 Teaching Responsibility Setting Boundaries Discipline
 Academic Support at Home Building A Strong Family

Please write other topics you are interested in:

9. What are your expectations of a kindergarten program?
10. What do you see as your role in your child's education?
11. Are there any changes, in the last year, that your child's teacher should know about to better meet his/her needs?

12. Does your child have any specific problems or behaviors that the teacher should be aware of?
13. What other information about your child is important for us to know? (Toilet-trained, allergies, wears glasses, medical information, etc)
14. Do you have concerns about your child starting kindergarten? YES NO
- If yes, please explain your concerns
15. Would you like to speak with someone about your concerns?
16. What are your goals for your child?

Thank you!

