

# Application for PRE-K

School Year 2019 - 2020

New Student

(Student must be 4 years old by Sept. 1, 2019)



KIRK O' THE VALLEY

~ A SCHOOL COMMUNITY SINCE 1961 ~

▶ STUDENT \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_

▶ PARENT/GUARDIAN 1 \_\_\_\_\_ SSN \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

▶ PARENT/GUARDIAN 2 \_\_\_\_\_ SSN \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

(The following two questions are required by the State of California-Department of Health, Immunization Branch)

Place of Birth \_\_\_\_\_

Race/Ethnicity  White, not Hispanic  Hispanic  Black  Other: \_\_\_\_\_

MAILING ADDRESS: Street \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Please indicate if parents have different addresses

The school year will begin on Monday, August 26, 2019 and end Thursday, June 11, 2020

### MONTHLY TUITION

3 DAYS 9:00AM - 1:00PM \$590  FULL DAY 7:00AM - 6:00PM \$765

4 DAYS 9:00AM - 1:00PM \$740  FULL DAY 7:00AM - 6:00PM \$915

5 DAYS 9:00AM - 1:00PM \$890  FULL DAY 7:00AM - 6:00PM \$1065

*Extended hours are available from 7:00am-9:00am and from 1:00pm-6:00pm at \$7.00 per hour*

REGISTRATION & MATERIALS FEE: \$250.00 (non-refundable) - Includes Classroom consumables, Cooking fee, Yearbook, and Assemblies.

*Parents assume responsibility for full payment of winter and spring breaks, and any other legal holiday.  
Childcare is provided during these breaks at an additional cost.*

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_ →

## *For New Students*

In order for us to become acquainted with you and your child, we would appreciate if you would take a few moments to answer **ALL** of the questions as completely as possible.

1. How did you hear about Kirk O' The Valley School? \_\_\_\_\_  
\_\_\_\_\_
2. What other school(s) did you review? \_\_\_\_\_  
\_\_\_\_\_
3. What influenced your decision to apply to Kirk O' The Valley? \_\_\_\_\_  
\_\_\_\_\_
4. Has your child ever been involved with a playgroup or preschool? \_\_\_\_\_ Name of school and date of attendance \_\_\_\_\_  
Please describe the experience \_\_\_\_\_
5. Child's favorite activities, likes, dislikes, fears, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What language is spoken at home? \_\_\_\_\_
7. Describe the general temperament of your child (outgoing, shy, etc.) \_\_\_\_\_  
\_\_\_\_\_
8. What are your child's food likes or dislikes? \_\_\_\_\_
9. Does your child have allergies? \_\_\_\_\_
10. Has your child had any health concerns, major illness or injuries? \_\_\_\_\_  
\_\_\_\_\_
11. Was your child premature? If yes, how many months \_\_\_\_\_
12. Are there any recent major family changes? \_\_\_\_\_
13. In what way can we help your child this year? \_\_\_\_\_  
\_\_\_\_\_
14. Is your child potty trained? \_\_\_\_\_
15. Please list the names and ages of the child's siblings \_\_\_\_\_  
\_\_\_\_\_



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## DEVELOPMENTAL CHECKLIST – 4 TO 5 YEARS

Thank you for taking the time to fill out this form. Please know there is a wide range of what is developmentally appropriate when it comes to a child's milestones. We use the information provided in this form to help us develop curriculum throughout the year and understand areas where we can support your growing child.

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PARENT OR GUARDIAN: \_\_\_\_\_

MILESTONES OBSERVED YES OR NO

### GROSS MOTOR

Stands on one foot for 10 seconds or longer \_\_\_\_\_  
Hops, somersaults \_\_\_\_\_  
Swings, climbs \_\_\_\_\_  
May be able to skip \_\_\_\_\_

### FINE MOTOR

Copies triangle and other geometric patterns \_\_\_\_\_  
Draws person with body \_\_\_\_\_  
Prints some letters \_\_\_\_\_  
Dresses and undresses without assistance \_\_\_\_\_

### LANGUAGE

Recalls parts of a story \_\_\_\_\_  
Speaks sentences of more than 5 words \_\_\_\_\_  
Uses future tense \_\_\_\_\_  
Tells longer stories \_\_\_\_\_  
Says name and address \_\_\_\_\_

### COGNITIVE

Can count 10 or more objects \_\_\_\_\_  
Correctly names at least 4 colors \_\_\_\_\_  
Works in small groups for 5-10 minutes \_\_\_\_\_  
Better understands the concept of time \_\_\_\_\_  
Knows about things used every day in the home (money, food, etc.) \_\_\_\_\_

### SELF-HELP

Uses fork, spoon independently \_\_\_\_\_  
Can chew with lips closed \_\_\_\_\_  
Goes to the bathroom independently, with reminders \_\_\_\_\_  
Undresses independently, may be able to unbutton and unzip \_\_\_\_\_

**SOCIAL/EMOTIONAL**

OBSERVED YES OR NO

- Wants to please \_\_\_\_\_
- Prefers to be with friends \_\_\_\_\_
- More likely to agree to rules \_\_\_\_\_
- Likes to sing, dance, and act \_\_\_\_\_
- Shows more independence \_\_\_\_\_

**DEVELOPMENTAL CHALLENGES (4 TO 5 YEARS)**

- Exhibits extremely aggressive, fearful or timid behavior \_\_\_\_\_
- Is unable to separate from parents \_\_\_\_\_
- Is easily distracted and unable to concentrate on any single activity for more than 5 minutes \_\_\_\_\_
- Shows little interest in playing with other children \_\_\_\_\_
- Refuses to respond to people to general \_\_\_\_\_
- Rarely uses fantasy or imitation to play \_\_\_\_\_
- Seems unhappy or sad much of the time \_\_\_\_\_
- Avoids or seems aloof with other children and adults \_\_\_\_\_
- Does not express a wide range of emotions \_\_\_\_\_
- Has trouble eating, sleeping or using the toilet \_\_\_\_\_
- Cannot differentiate between fantasy and reality \_\_\_\_\_
- Seems unusually passive \_\_\_\_\_
- Cannot understand prepositions (“put the cup on the table”; “get the ball under the couch”) \_\_\_\_\_
- Cannot follow 2-part commands (“pick up the toy and put it on the shelf”) \_\_\_\_\_
- Cannot give his first and last name \_\_\_\_\_
- Does not use plurals or past tense \_\_\_\_\_
- Cannot build a tower of 6 to 8 blocks \_\_\_\_\_
- Holds crayon with fist or grasp \_\_\_\_\_
- Has trouble taking off clothing \_\_\_\_\_
- Unable to brush teeth or wash and dry hands \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_