

Application for **PRESCHOOL**

School Year 2019-2020

New Student



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

2 DAYS	9:00AM - 1:00PM	\$440	<input type="checkbox"/>	FULL DAY	7:00AM - 6:00PM	\$615	<input type="checkbox"/>
3 DAYS	9:00AM - 1:00PM	\$590	<input type="checkbox"/>	FULL DAY	7:00AM - 6:00PM	\$765	<input type="checkbox"/>
4 DAYS	9:00AM - 1:00PM	\$740	<input type="checkbox"/>	FULL DAY	7:00AM - 6:00PM	\$915	<input type="checkbox"/>
5 DAYS	9:00AM - 1:00PM	\$890	<input type="checkbox"/>	FULL DAY	7:00AM - 6:00PM	\$1065	<input type="checkbox"/>

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 – 3 TO 4 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

Hops and stands on one foot up to 5 seconds _____

Goes upstairs and downstairs without support _____

Kicks ball forward _____

Throws ball overhand _____

Catches bounced ball most of the time _____

Moves forward and backward _____

Uses riding toys _____

FINE MOTOR

Copies square shapes _____

Draws a person with 2-4 body parts _____

Uses scissors _____

Draws circles and squares _____

Begins to copy some capital letters _____

LANGUAGE

Understands the concepts of “same” and “different” _____

Has mastered some basic rules of grammar _____

Speaks in sentences of 5-6 words _____

Asks questions _____

Speaks clearly enough for strangers to understand _____

Tells stories _____

COGNITIVE

Correctly names some colors _____

Understands the concept of counting and may know a few numbers _____

Begins to have a clearer sense of time _____

Follows three-part commands _____

Recalls parts of a story _____

COGNITIVE (Cont.)

OBSERVED YES OR NO

Understands the concept of same/different

Engages in fantasy play

Understands causality (“I can make things happen”)

SELF-HELP

Can feed self with spoon without spilling

Washes and dries hands and face

Can do simple household tasks (help set the table)

Can put on simple clothing items, with help for button, zipper, shoelace (jacket, pants, shoes)

Can run a brush or comb through own hair

SOCIAL/EMOTIONAL

Interested in new experiences

Cooperates/plays with other children

Plays “mom” or “dad”

More inventive in fantasy play

Can stay on topic during conversations

More independent

Plays simple games with simple rules

Begins to share toys with other children

Often cannot distinguish between fantasy and reality

May have imaginary friends or see monsters

DEVELOPMENTAL CHALLENGES (3 TO 4 YEARS)

Cannot jump in place

Cannot ride a trike

Cannot grasp a crayon between thumb and fingers

Has difficulty scribbling

Cannot copy a circle

Cannot stack 4 blocks

Still clings or cries when parents leave him

Shows no interest in interactive games

Ignores other children

Doesn't respond to people outside the family

Doesn't engage in fantasy play

Resists dressing, sleeping, using the toilet

Lashes out without any self-control when angry or upset

Doesn't use sentences of more than three words

Doesn't use “me” or “you” appropriately

COMMENTS