

Tot Center Application School Year 2019-2020

Age limitations may apply



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	\$475	<input type="checkbox"/>	FULL DAY	7:00AM-6:00PM	\$680	<input type="checkbox"/>
3 DAYS	9:00AM- 1:00PM	\$625	<input type="checkbox"/>	FULL DAY	7:00AM-6:00PM	\$830	<input type="checkbox"/>
4 DAYS	9:00AM - 1:00PM	\$775	<input type="checkbox"/>	FULL DAY	7:00AM-6:00PM	\$980	<input type="checkbox"/>
5 DAYS	9:00AM - 1:00PM	\$900	<input type="checkbox"/>	FULL DAY	7:00AM-6:00PM	\$1105	<input type="checkbox"/>

Extended hours are available from 7:00am until 9:00am and from 1:00pm until 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 holidays.
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 – 24 TO 36 MONTHS

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

Climbs well (24-30 mos.) _____

Walks down stairs alone, placing both feet on each step (26-28 mos.) _____

Walks up stairs alternating feet with support (24-30 mos.) _____

Swings leg to kick ball (24-30 mos.) _____

Runs easily (24-26 mos.) _____

Pedals tricycle (30-36 mos.) _____

Bends over easily without falling (24-30 mos.) _____

FINE MOTOR

Makes vertical, horizontal, circular strokes with pencil or crayon (30-36 mos.) _____

Turns book pages one at a time (24-30 mos.) _____

Builds a tower of more than 6 blocks (24-30 mos.) _____

Holds a pencil in writing position (30-36 mos.) _____

Screws and unscrews jar lids, nuts, and bolts (24-30 mos.) _____

Turns rotating handles (door knob) (24-30 mos.) _____

LANGUAGE

Uses pronouns (I, you, me, we, they) (24-30 mos.) _____

Understands most sentences (24-40 mos.) _____

Recognizes and identifies almost all common objects and pictures (26-32 mos.) _____

Shows frustration when not understood by others (28-36 mos.) _____

Understands physical relationships (on, in, under) (30-36 mos.) _____

Can say name, age, and sex (30-36 mos.) _____

Uses words to communicate wants and needs (30-36 mos.) _____

Knows simple rhymes and songs (30-36 mos.) _____

Strangers can understand most of words (30-36 mos.) _____

COGNITIVE

OBSERVED YES OR NO

- Makes mechanical toys work (30-36 mos.) _____
- Matches an object in hand or room to a picture in a book (24-30 mos.) _____
- Plays make-believe with dolls, animals, and people (24-36 mos.) _____
- Sorts objects by color (30-36 mos.) _____
- Completes puzzles with 3 or 4 pieces (24-36 mos.) _____
- Understands concept of "two" (26-32 mos.) _____
- Listens to stories (24-36 mos.) _____
- Knows several body parts (24-36 mos.) _____

SELF-HELP

- Can pull pants down with help (24-36 mos.) _____
- Helps put things away (24-36 mos.) _____
- Serves self at table with some spilling (30-36 mos.) _____

SOCIAL/EMOTIONAL

- Uses the word "mine" often (24-36 mos.) _____
- Says "no" but will still do what is asked (24-36 mos.) _____
- Expresses a wide range of emotions (24-36 mos.) _____
- Objects to major changes in routine, but is becoming more compliant (24-36 mos.) _____
- Begins to follow simple rules (30-36 mos.) _____
- Begins to separate more easily from parents (by 36 mo.) _____

DEVELOPMENTAL CHALLENGES (24 TO 36 MONTHS)

- Frequent falling and difficulty with stairs _____
- Persistent drooling or very unclear speech _____
- Inability to build a tower of more than 4 blocks _____
- Difficulty manipulating small objects _____
- Inability to copy a circle by 3 years old _____
- Inability to communicate in short phrases _____
- No involvement in pretend play _____
- Cannot feed self with spoon or drink from cup independently _____
- Failure to understand simple instructions _____
- Little interest in other children _____
- Extreme difficulty separating from primary caregiver _____

COMMENTS: _____
