

## PRESCHOOL APPLICATION

**Date Desired for Admission:** \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Last) Child: \_\_\_\_\_ (First)  Male  Female \_\_\_\_\_ (Middle)

Parent/Guardian 1: \_\_\_\_\_ Parent/Guardian 2: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ (If you don't have a home number, please leave blank.)

Parent/Guardian 1 Email Address: \_\_\_\_\_

Parent/Guardian 1 Cell Phone: \_\_\_\_\_ Parent/Guardian 1 Work Phone: \_\_\_\_\_

Parent/Guardian 2 Email Address: \_\_\_\_\_

Parent/Guardian 2 Cell Phone: \_\_\_\_\_ Parent/Guardian 2 Work Phone: \_\_\_\_\_

## PRESCHOOL PROGRAM

Choose the following 3 or 5 options:

### Full Time Program

- Monday 7:30 AM to 5:30 PM
- Tuesday 7:30 AM to 5:30 PM
- Wednesday 7:30 AM to 5:30 PM
- Thursday 7:30 AM to 5:30 PM
- Friday 7:30 AM to 5:30 PM

### Half Time Program

- Monday 7:30 AM to 12:30 PM
- Tuesday 7:30 AM to 12:30 PM
- Wednesday 7:30 AM to 12:30 PM
- Thursday 7:30 AM to 12:30 PM
- Friday 7:30 AM to 12:30 PM

## PRESCHOOL ENRICHMENT PROGRAM

Choose the class your child is interested in to discover more about the program offered:

- |   |   |
|---|---|
| <input type="radio"/> Creative Art      | <input type="radio"/> Gymnastics                                  |
| <input type="radio"/> Taekwondo         | <input type="radio"/> Ballet                                      |
| <input type="radio"/> Foreign Language  | <input type="radio"/> Piano                                       |
| <input type="radio"/> Violin            | <input type="radio"/> Preschool Book Club                         |
| <input type="radio"/> Kids Dance        | <input type="radio"/> Adventure in Math                           |
| <input type="radio"/> Exploring Science | <input type="radio"/> Preschool Sports (Soccer/Basketball/T-ball) |
| <input type="radio"/> Robotics          | <input type="radio"/> Kids Music                                  |

**CHILD INFORMATION**

Is your child potty trained?  Yes  No

Does your child have any special health concerns?  Yes  No

If yes, please describe: \_\_\_\_\_

Does your child have any special needs?  Yes  No

If yes, please describe: \_\_\_\_\_

**SOCIAL-EMOTIONAL**

- 1. Listens  Mature  Age Appropriate  Need Development  Immature
- 2. Cooperates  Mature  Age Appropriate  Need Development  Immature
- 3. Relates to peers  Mature  Age Appropriate  Need Development  Immature
- 4. Relates to adults  Mature  Age Appropriate  Need Development  Immature
- 5. Separates from parents/guardian  Mature  Age Appropriate  Need Development  Immature
- 6. Shares materials/possessions  Mature  Age Appropriate  Need Development  Immature
- 7. Works independently  Mature  Age Appropriate  Need Development  Immature
- 8. Asks for help when needed  Mature  Age Appropriate  Need Development  Immature
- 9. Follows directions  Mature  Age Appropriate  Need Development  Immature

**FINE MOTOR SKILLS**

- 1. Uses correct pencil grip  Mature  Age Appropriate  Need Development  Immature
- 2. Uses crayons properly; able to color within lines  Mature  Age Appropriate  Need Development  Immature
- 3. Uses scissors properly; able to cut along lines  Mature  Age Appropriate  Need Development  Immature
- 4. Dress and undress without help  Mature  Age Appropriate  Need Development  Immature

**COGNITIVE DEVELOPMENT**

- 1. Express ideas orally  Mature  Age Appropriate  Need Development  Immature
- 2. Identify and name colors  Mature  Age Appropriate  Need Development  Immature
- 3. Understanding the concept of counting  Mature  Age Appropriate  Need Development  Immature
- 4. Understanding the concept of number  Mature  Age Appropriate  Need Development  Immature
- 5. Say the alphabet  Mature  Age Appropriate  Need Development  Immature
- 6. Identify and name shapes  Mature  Age Appropriate  Need Development  Immature
- 7. Say name and age  Mature  Age Appropriate  Need Development  Immature

**PARENT/GUARDIAN COMMENTS:**

Upon submitting the completed application, please submit the \$25 application fee per child. For checks, please write it to: Little Dreamers Preschool. All non-refundable application fees must accompany this application in order for it to be processed. Your application will not be processed without the required application fee.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_