

Almira Pre-Kindergarten Application

Almira School District P.O. Box 217 Almira, WA 99103 509-639-2414

www.achsd.org/almira/index.html

Child's full name _____ Date _____

Social Security number _____ Phone # _____

Birth date _____ Race _____

Mailing address _____

Father's name _____ Home phone _____

Occupation _____ Work phone _____

Mother's name _____ Home phone _____

Occupation _____ Work phone _____

Siblings or others in home and ages _____

In case of emergency, if parent or guardian cannot be reach, please contact:

_____ phone _____

Signature of Parent (guardian) _____

List Child's allergies _____

Does child have any particular fears or habits we should be aware of?

Field trips: _____ has my permission to take any field trips, which are made in conjunction with the school's program.

Signature of parent (guardian) _____

Date _____

The following individuals have my permission to pick up my child should I not be able to do so:

_____ phone _____

_____ phone _____

_____ phone _____

Almira School District will provide bus transportation for morning pick up only. Parent (Guardian) will be responsible for picking their child up after pre-kindergarten.

There will be no charge for enrollment in the Almira Pre-Kindergarten Program; however parents (guardians) will be responsible for volunteering their time in the classroom. Check with the teacher for a sign up sheet of available times. Parents (guardians) will also be responsible for participation in the snack program; check with teacher for details.

Please respond to these questions regarding your child's development:

(Please circle one below)

Is your child:

- | | | | |
|-----------------------------|-----|----|------------|
| a. toilet-trained? | Yes | No | Don't know |
| b. overly active? | Yes | No | Don't know |
| c. generally a happy child? | Yes | No | Don't know |

Does your child:

- | | | | |
|--------------------------------------------|-----|----|------------|
| a. accept reasonable limits? | Yes | No | Don't know |
| b. often have temper tantrums? | Yes | No | Don't know |
| c. play well with children his or her age? | Yes | No | Don't know |

Is your child:

- | | | | |
|-------------------------------------------------|-----|----|------------|
| a. able to use speech to express him or herself | Yes | No | Don't know |
| b. able to say most sounds correctly? | Yes | No | Don't know |
| c. understandable to a stranger? | Yes | No | Don't know |
| d. able to follow simple directions? | Yes | No | Don't know |

Does your child:

- | | | | |
|----------------------------------------------------|-----|----|------------|
| a. have a short attention span for his or her age? | Yes | No | Don't know |
| b. have trouble learning new things? | Yes | No | Don't know |

How many letters does your child know? _____

How many numbers does your child know? _____

- | | | |
|-----------------------------------------------------------------------|-----|----|
| 1. Has your child attended school before? | Yes | No |
| 2. Has your child received Early Intervention services? | Yes | No |
| 3. Will your child need Special Needs Services? | Yes | No |
| 4. Is there a history of learning difficulties in the child's family? | Yes | No |
| 5. Does your child have any difficulties with speech? | Yes | No |
| 6. Does your child have any difficulties with behavior? | Yes | No |
| 7. Was your child born premature? | Yes | No |
| 8. Has your child experienced seizures? | Yes | No |
| 9. Is your child currently being treated for an illness or condition? | Yes | No |
| 10. Did your child have delays in developmental milestones? | Yes | No |

If you answered yes to any questions #1 through #10 please describe. Begin by providing the number of the question you are explaining.

*Office Use Only

Application Approved _____ Application Denied _____