

**Monroe County Schools'**  
**Blended Preschool Application for 2017-2018**  
**CHILD INFORMATION**

**Name (First)** \_\_\_\_\_ **(Middle)** \_\_\_\_\_ **(Last)** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Social Security #** \_\_\_\_\_ **Sex:** M F

**Birth Certificate Number:** \_\_\_\_\_

**Race:** White Hispanic African American Native American Asian Pacific Is. Other/Specify: \_\_\_\_\_

**Primary Language:** English Spanish French Other/Specify: \_\_\_\_\_

**State of Birth** Tennessee Other/Specify: \_\_\_\_\_

**County of Birth** Monroe Blount McMinn Knox Other/Specify: \_\_\_\_\_

**Country of Birth** United States Other: \_\_\_\_\_ Date entered country: \_\_\_\_\_

**Custody of Child:** Both Parents Father Mother Grandparent Other/Specify \_\_\_\_\_

**Mother's Maiden Last Name** \_\_\_\_\_

<p><b><i>Parent/Guardian Information</i></b></p> <p>Name(s) _____</p> <p>Relation to child _____</p> <p>Address _____</p> <p>City _____</p> <p>State/Zip code _____</p> <p>Email Address _____</p> <p>Home Phone _____</p> <p>Work Phone _____</p> <p>Work Phone _____</p> <p>Cell Phone _____</p> <p>Cell Phone _____</p>
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***Emergency Contact (other than person/persons listed on previous page)***

Name \_\_\_\_\_

Relation to child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Does the child have a disability or special need? Yes \_\_\_\_\_ No \_\_\_\_\_  
Suspected? \_\_\_\_\_ If yes, give diagnosis, date, and source: \_\_\_\_\_

Were there any problems during pregnancy? \_\_\_\_\_

Was the pregnancy full term? \_\_\_\_\_

At what age did the child talk? \_\_\_\_\_

At what age did the child walk? \_\_\_\_\_

Are there any developmental concerns about your child? \_\_\_\_\_

Was child referred to program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, by whom? \_\_\_\_\_

Any specific family need or crisis? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Is child fully potty trained? Yes \_\_\_\_\_ (no pull-ups) at what age? \_\_\_\_\_ No \_\_\_\_\_

Is child enrolled in Imagination Library? Yes \_\_\_\_\_ No \_\_\_\_\_

# Pre-K Program

If my child is accepted in the Monroe County Schools Blended Preschool Program, I give my permission:

Yes \_\_\_\_\_ No \_\_\_\_\_ 1. For my child to receive all health services provided by the Monroe County Schools' Blended Preschool Program which may include immunizations, vision, dental, hearing, speech, mental health services, physical examinations, and follow up treatment (if needed) using other resources to pay for the treatment.

Yes \_\_\_\_\_ No \_\_\_\_\_ 2. I understand that the birth certificate, Social Security card, immunization record and current physical must be complete and turned in on the 1<sup>st</sup> day of school.

Yes \_\_\_\_\_ No \_\_\_\_\_ 3. For my child to receive emergency medical treatment if his/her parents or guardians cannot be immediately reached.

Yes \_\_\_\_\_ No \_\_\_\_\_ 4. For my child to have his/her picture or video taken for the purpose of being used in newspaper articles by the Monroe County Schools' Blended Preschool Program for publicity, brochures, bulletin boards, program websites or visual presentations about the program.

Yes \_\_\_\_\_ No \_\_\_\_\_ 5. For my child's application, health, and classroom information to be placed in a computer system for use in record keeping and in the Monroe County Schools' Preschool Program.

Yes \_\_\_\_\_ No \_\_\_\_\_ 6. I understand that my family and child's Monroe County Schools' Blended Preschool Program written and computerized information will remain confidential and that I have the right to review those records at any time, upon my request.

Yes \_\_\_\_\_ No \_\_\_\_\_ 7. For continuing education purposes the school system may request names and developmental information on my child and I agree for the Monroe County Schools' Blended Preschool Program to share this information in order to insure a smooth transition to the school system.

I am interested in volunteering in the classroom and would like to learn more about this.  
\_\_\_\_\_ Yes \_\_\_\_\_ No

I am interested in attending Parent Meetings and will make an effort to be there: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Parent's name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# PRESCHOOL CHECKLIST

## AGES 3-5

Read each item and think about your child's present behavior. Check each item as it applies to your child. There are not right or wrong answers.

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

	How often?		
	Never	Sometimes	Very Often
1. Follows your instructions.			
2. Follows instructions given by other adults.			
3. Participates in organized group activities.			
4. Introduces herself or himself to new people without being told.			
5. Asks permission before using other's property.			
6. Responds appropriately when hit or pushed by other children.			
7. Starts conversations rather than waiting for others to talk first.			
8. Controls temper in conflict situations with you.			
9. Controls temper when arguing with other children.			
10. Follows rules when playing games with others.			
11. Shows interest in a variety of things.			
12. Makes friends easily.			
13. Puts away toys or other household property.			
14. Waits turn in games or other activities.			
15. Self-confident in social situations such as parties or group outings.			
16. Joins group activities without being told.			
17. Ends disagreements with you calmly.			
18. Communicates problems to you.			
19. Speaks in an appropriate tone of voice at home.			
20. Speech is easily understood by other.			
21. Eats with a fork and spoon.			
22. Indicates need to use toilet.			
23. Uses toilet independently.			
24. Uses toilet paper			
25. Washes hands			
26. Pulls up underpants.			
27. Easily adapts to new situations.			
28. Easily accepts separation from caregiver.			

**PERSONALITY/SOCIAL DEVELOPMENT**

Does your child like to be a helper? \_\_\_\_\_

Is your child shy or outgoing? \_\_\_\_\_

Is your child a leader or follower when playing with groups of children? \_\_\_\_\_

Does your child adjust well to new situations and /or people? \_\_\_\_\_

Is your child easily redirected? \_\_\_\_\_

**SPEECH AND PHYSICAL GROWTH:**

At what age did your child speak in complete sentences? \_\_\_\_\_ crawl? \_\_\_\_\_ walk? \_\_\_\_\_

At what age did your child walk alone? \_\_\_\_\_

Is the English your child speaks easily understood by others? \_\_\_\_\_

Is your child on any medications? \_\_\_\_\_ If so, please list: \_\_\_\_\_

How many words does your child typically use in a sentence? \_\_\_\_\_

**BEHAVIORAL:**

What is your child's attention span like? \_\_\_\_\_

Can your child work independently on a task for 3-4 minutes or more? \_\_\_\_\_

Does your child have frequent temper tantrums? \_\_\_\_\_

How long do they last? \_\_\_\_\_

How often do they happen? \_\_\_\_\_

Can you tell what starts them? \_\_\_\_\_

If so, give examples? \_\_\_\_\_

What helps him/her calm down? \_\_\_\_\_