

**KINDERGARTEN  
2022-2023**



**ERIN SCHOOL DISTRICT  
6901 Hwy O  
Hartford, WI 53027  
262-673-3720  
262-673-2659 Fax  
[www.erinschool.org](http://www.erinschool.org)**

## Family Background

Date: \_\_\_\_\_

Child's Name:

( \_\_\_\_\_ ) ( \_\_\_\_\_ ) ( \_\_\_\_\_ )  
First Middle Last

Nickname: \_\_\_\_\_ Registering for: \_\_\_\_\_  
(As child will print name in school) 4K 5K

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

Birth date: \_\_\_\_\_ Sex (M) (F) Primary Phone #: \_\_\_\_\_  
Month/Day/Year

Primary Language spoken at home:

Please answer BOTH questions 1 and 2.

1. Is this student Hispanic or Latino? (*Choose only one*)

- No, not Hispanic or Latino  
 Yes, Hispanic or Latino

_____ English
_____ German
_____ Hmong
_____ Italian
_____ Spanish
_____ Other (Specify Below)

2. Is this student: (*Choose one or more. You must select at least one.*)

- American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

Place of Birth: \_\_\_\_\_  
City County State

Father's Name: ( \_\_\_\_\_ ) ( \_\_\_\_\_ ) ( \_\_\_\_\_ ) Cell #: \_\_\_\_\_  
First Middle Last

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone #: \_\_\_\_\_



Comments/Concerns:

<b>Gross Motor</b>	<b>Beginning</b>	<b>Developing</b>	<b>Secure</b>
Uses playground equipment safely			
Catches and throws a playground ball			
Jumps with two feet			
Balances on one foot for 5 seconds			
Gallops			

Comments/Concerns:

<b>Reading Readiness</b>	<b>Beginning</b>	<b>Developing</b>	<b>Secure</b>
Shows interest in books			
Enjoys being read to			
Identifies letters of alphabet			
Recognizes familiar signs and words (name, restaurants, name brands)			

Comments/Concerns:

<b>Math Readiness</b>		
Counts to ____ (what number)		
Identifies ____ colors (how many different colors)		
Identifies numbers 1-10	Yes	No

Comments/Concerns:

<b>Social Skills</b>	<b>Beginning</b>	<b>Developing</b>	<b>Secure</b>
Plays independently by self			
Plays interactively with peers			
Uses materials or toys appropriately			
Follows 2-step directions (e.g., first get your shoes, then get your coat)			
Comments/Concerns:			
<b>Language</b>	<b>Beginning</b>	<b>Developing</b>	<b>Secure</b>
Asks questions (using who, what, when, where and why)			
Your child's speech is easy to understand			
Takes a turn and allows others to take a turn			
Initiates conversation with others			
Comments/Concerns:			

Additional Questions:

1. Does your child have any health conditions (e.g., allergies, asthma, seizures, diabetes, heart etc.)?
  
2. Has your child attended pre-school, daycare or participated in any other activities or organizations?
  
3. What are your child's strengths?

4. Read the statements below and check if they describe your child:

- |   |  |
|---|--|
| <input type="checkbox"/> Eating problems (e.g., eats too little or too much)  | <input type="checkbox"/> Temper Tantrums               |
| <input type="checkbox"/> Sleep problems (e.g., sleeps too little/too much)  | <input type="checkbox"/> Difficulty paying attention   |
| <input type="checkbox"/> Difficulty separating from parent  | <input type="checkbox"/> Difficulty sitting still      |
| <input type="checkbox"/> Displays anxiety (e.g., worries frequently)  | <input type="checkbox"/> Displays aggressive behaviors |
| <input type="checkbox"/> Difficulty with toileting (e.g, willingness to use an unfamiliar restroom, noise of automatic flushers)                    |  |
| <input type="checkbox"/> Vision (e.g., glasses, lazy eye, vision therapy)   |  |
| <input type="checkbox"/> Hearing (e.g., tubes in ears, frequent ear infections, sound sensitivities, please indicate any "results of hearing test") |  |

Comments/Concerns:

Other children in family:

<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student drop off locations have an impact on bus routes, please let us know if there is a possibility that your child will be dropped off at an address other than your home address. (i.e. babysitter). Please note, the bus can only pick up and drop off students at District residences. Since bussing is provided to district residents, we assume your child will be riding the bus unless you tell us otherwise. Please let us know if you do not plan on having your child ride the bus. Do you plan on using the bus? Yes      No

Our 4K Program runs all day every other day. Do you prefer Monday/Wednesday and alternating Fridays or Tuesday/Thursday and alternating Friday? M/W/F      or T/R/F  
Please note we may not be able to honor all requests but will do our best to accomodate.

Are you interested in the 4K Extended Day Program opposite the days your child would be in 4K?    Yes      No

If so, what days M T W R F consistently      or as needed      ?

The 4-K Extended Day is an extension of the 4-K program offered by the Erin School District.