

**KINDERGARTEN  
2018-2019**



**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) Home 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 #: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 (If different than Dad's)

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

Who has legal custody of the child:  
 Mother & Father \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Joint, Divorced \_\_\_\_\_

Child lives with: Mother & Father \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Other (please list) \_\_\_\_\_

**Parent/Guardian:** Please keep in mind that all children develop at different rates, and children are NOT expected to be secure for any of the following outcomes prior to the start of 4 Year Old Kindergarten.

<b>Self Help Skills</b>	<b>Beginning</b>	<b>Developing</b>	<b>Secure</b>
Uses bathroom			
Washes and dries hands			
Fastens coat (e.g., engages zipper and zips, buttons, snaps)			
Ties shoes			
Cleans up toys			

Comments/Concerns:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Fine Motor</b>	<b>Beginning</b>	<b>Developing</b>	<b>Secure</b>
Uses scissors appropriately			
Colors within lines			
Prints first name			
Draws simple shapes			
Draws a person with at least 3 body parts			
Uses tripod grasp (thumb, forefinger, index finger)			

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.

Are you interested in the 4K Extended Day Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

The 4-K Extended Day is an extension of the 4-K program offered by the Erin School District. The 4-K students will eat lunch with their 5-K friends and then enjoy a little outside time. The rest of the time will include activities such as gym, music, art, and library. The students will also have a rest time to relax and catch a quick nap. There is a fee for this service.

Your 4K Session Preference:  AM (8:00-11:00)  PM (12:15-3:16)

There are many factors that go into which session you are assigned and we can not accommodate everyone, but please let us know your preference.