

**KINDERGARTEN
2019-2020**



**ERIN SCHOOL DISTRICT
6901 Hwy O
Hartford, WI 53027
262-673-3720
262-673-2659 Fax
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

Please answer BOTH questions 1 and 2.

Primary Language spoken at home:

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.

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

Comments/Concerns:

Fine Motor	Beginning	Developing	Secure
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:

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

Comments/Concerns:

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

Comments/Concerns:

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

Comments/Concerns:

Social Skills	Beginning	Developing	Secure
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:			
Language	Beginning	Developing	Secure
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 enjoy a little outside time, eat lunch and have 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.