

FOUR YEAR OLD REGISTRATION SHEET

Your teacher appreciates your comments on this sheet. The information is confidential.

NAME: _____ NICKNAME: _____

DATE OF BIRTH: _____ SEX: Male _____ Female _____

PLACE OF BIRTH: _____

HOME MAILING ADDRESS: _____

CITY: _____ STATE: _____ PHONE NO.: _____

FATHER'S NAME _____ OCCUPATION: _____

FATHER'S EMPLOYER _____ PHONE: _____

MOTHER'S NAME _____ OCCUPATION: _____

MOTHER'S EMPLOYER _____ PHONE: _____

The following named persons may give permission/direction if the school is unable to reach parents, including consent for any necessary physician consultation or medical treatment.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Health factors which apply to your child: (Circle) allergies - injuries - eating - seizures - hospital experiences - thumb sucking - bed wetting - hearing - sight - speech - coordination - other?

Fears: (circle) animals - storms - dark - strangers - new experiences - being alone - other _____

Any previous daycare, birth to 3 or other school experiences:

Name of program: _____

Where: _____

Special services received _____

In your opinion, are there specific areas of help your child could use? _____

Does your child care for his/her toilet needs by himself/herself? _____

Does your child have toilet accidents? (Circle) frequently - seldom - never

Would you be able to help in the room if needed? _____

If there is anything else that you can think of that would help the teacher to know your child better, please jot it down on this page or tell the teacher about it. Thank you for your help!

Check which days:

Do you want your child to attend all day 4K or half day 4K

_____ **All Day 4K (Monday - Thursday)**

_____ **Half day 4K (half day will only be offered in the morning - Monday - Thursday)**

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Language Survey - Arcadia Elementary School

What language is spoken at home? _____

What language is spoken with friends? _____

How many years has he/she attended school in his/her home country? _____

How many years of schooling in the United States? _____

What is the last grade that the student completed? _____

Is the student able to read in his/her native language? Yes / No

Reading ability is: Excellent Good Average Limited

Is the student able to write in his/her native language? Yes / No

Writing ability is: Excellent Good Average Limited

Do you believe your child needs help learning the English Language? Yes / No

If your child does need help, in what areas does he/she need the most help?

Reading Writing Listening Speaking All Areas

Comments: _____

