

2019-2020 TRANSITIONAL KINDERGARTEN (TK) AND KINDERGARTEN APPLICATION

**Notre Dame School
1781 Marshall Road
Vacaville, CA 95687 (707) 447-1460**

*Children eligible for Transitional Kindergarten (TK) have preferably a minimum of several months of preschool experience.. TK is an academic and social program that prepares a student for kindergarten. Students entering TK must be able to toilet and dress themselves, interact socially with adults and peers, and separate from parents. Other skills that are highly encouraged include: identification of some letters and numbers, recognition of written name, knowledge of basic colors and shapes. **Students must be four years of age by Sept. 1, 2019 to apply for TK.***

Child's Name: _____ Date of Birth: _____
Birthplace: _____ Home phone: _____
Home address: _____

Preschool Attended: _____ School Location: _____

Father's Name: _____ Religion: _____
Occupation: _____ Phone: _____
Email: _____ Alumni of NDS: _____

Mother's Name: _____ Religion: _____
Occupation: _____ Phone: _____
Email: _____ Alumni of NDS: _____

Student's Religion: _____ Parish Registered at: _____
Baptism Date: _____
Church (Name, city, state) Baptized at: _____

Lives with: mother: _____ father: _____ both: _____ other (please explain): _____

1. List the names and ages of any brothers and/or sisters:

2. Is your child able to dress completely without any help, expect for tying shoes?

YES___ NO___

3. At what age: Did your child walk? _____

Was your child toilet trained? _____

Did your child talk in complete sentences? _____

4. Check one:

_____ My child prefers to play alone.

_____ My child prefers to play with one or two other children.

_____ My child prefers to play with a group of children.

5. What stories, activities, and games does your child particularly enjoy? _____

6. Does your child have any limitations to physical activity? If so, please explain.

7. Please describe your child's preschool experience thus far. Include any teacher or parent concerns. _____

8. Does your child nap? _____ If yes, What time? _____ How long? _____

9. What time does your child wake up: _____ go to bed: _____

10. Does your child have any allergies? _____

If yes, please list: _____

11. Does your child have an IEP or 504 Plan? _____

If yes, please explain. _____

12. You are your child's first and most important teacher, and your observations and thoughts are important. What are your desires for your child? Please describe your child socially and emotionally. _____

13. How did you hear about Notre Dame School:

_____ Family/friend referral. Please list: _____

_____ Website Please list: _____

_____ Church bulletin

_____ Other Please explain: _____

