

# preschool and pre-k parent input form

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GUADALUPE-SCHOOL.ORG



## Preschool / Pre-K Preferences

Choose one:

- Preschool (Age 3)  
 Pre-K (Age 4)

Choose one: *Full Day or Half Day AM or Half Day PM*

- Full Day 8:00 - 4:00  
 Half Day AM only 8:00 - Noon  
 Half Day PM only Noon - 4:00 PM

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name your child will use in class (if different than above) \_\_\_\_\_

\_\_\_\_ My child previously attended preschool or daycare  
Name of preschool or daycare your child attended \_\_\_\_\_

\_\_\_\_ My child has not previously attended preschool or daycare

Preschool experience (skip this question if your child did not attend preschool)

Was it a positive experience? Yes \_\_\_\_ No \_\_\_\_

Comment:

What was the preschool like? Structured \_\_\_\_ Mostly social \_\_\_\_

Comment:

Give a short description of the types of work your child was expected to complete:

Here is a list of activities that most incoming preschool/pre-k students can do. Please sit down with your child, have him/her show you what he/she can do from the list below, and mark the results.

Please note: *Having all the skills listed below is not a prerequisite for enrollment.* Children mature at different rates; some things that your child can't do now, he/she may be able to do by fall. Your honest response is most helpful and your child will receive better support if we understand his/her strengths and areas of growth.

Yes	No	Unsure	Activity	Comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can take care of his/her own bathroom needs.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can put on his/her coat.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can successfully use pencils and crayons.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can sing the ABC song correctly.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can name letters of the alphabet. All ____ Most ____ Some ____ A few ____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can name the letters of his/her name.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can count to 10.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can cut using scissors.	

1. Do you expect difficulty with separation the first few days? Yes \_\_\_\_ No \_\_\_\_ Comment:
  
2. Can your child sit and pay attention to a teacher for 10 minutes? Most of the time \_\_\_\_ Sometimes \_\_\_\_ Seldom \_\_\_\_  
Comment:
  
3. Does your child enjoy being read to regularly?  
Yes \_\_\_\_ Occasionally \_\_\_\_ Not yet \_\_\_\_ We don't have a regular reading time \_\_\_\_  
If reading with your child is a regular part of your family routine, please list some favorite books:
  
4. Does your child attend church services regularly?  
Yes \_\_\_\_ No \_\_\_\_ Name of church \_\_\_\_\_ Catholic \_\_\_\_ Non-Catholic \_\_\_\_
  
5. Do you have any concerns with your child's development? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:
  
6. Has your child ever had an IEP (Individual Educational Plan) or 504 Plan for accommodations? Yes \_\_\_\_ No \_\_\_\_  
If yes, please explain and attach a copy.
  
7. What languages are spoken in your home? What language does your child hear most often?
  
8. List some of your child's special interests and things he/she likes to do with his/her free time.
  
9. Does your child have any health concerns? Additional information may be requested at registration,  
but please mention concerns here.
  
10. Other comments:

Name of person completing this form \_\_\_\_\_

Relationship to student \_\_\_\_\_ Phone number \_\_\_\_\_

Date \_\_\_\_\_

Thank you for your help!

Note: This form will be shared only with those directly involved with the preschool/pre-k admission process.