



**Elizabeth School District Early Childhood Programs
2023-2024 Preschool Registration
Running Creek Elementary
Singing Hills Elementary**

Schedule Options

<p align="center">AM Half Day Preschool</p> <p>Running Creek - Monday thru Thursday 8:00AM-11:00AM Singing Hills - Monday thru Thursday 7:45AM-10:45AM</p> <p align="center">\$300 a month</p>
<p align="center">PM Half Day Preschool</p> <p>Running Creek - Monday thru Thursday 11:45AM-3:30PM Singing Hills - Monday thru Thursday 11:30AM-3:15PM</p> <p align="center">\$400 a month</p>
<p align="center">Full Day Preschool</p> <p>Running Creek - Monday thru Thursday 8:00AM-3:30PM Singing Hills - Monday thru Thursday 7:45AM-3:15PM</p> <p align="center">\$700 a month</p>

Children must be 3 year of age by October 1st 2023 to enroll in Preschool

Running Creek 303-646-4620 Singing Hills 303-646-1858

**Tuition assistance available through Universal Preschool. Please check our website or office for more information..*

Elizabeth Schools Early Childhood Programs Preschool Registration Checklist

Please keep the Parent Handbook for future reference

Student Name: _____ Returning _____ New _____

The following forms to be completed and returned:

- ___ Class Choices
- ___ Elizabeth Schools Early Childhood Programs Registration Form
- ___ Emergency Information
- ___ Individuals Authorized to Pick up my Child
- ___ District Data Collection Sheet
- ___ Completed Parent Enrollment, Permission and Release Agreement
- ___ Permission for Photographs, Video, Audio, and Electronic Images, Insurance Waiver, and
Permission for Sunscreen/Lotion
- ___ Completed Waiver and Release of Liability
- ___ **Copy of your child's birth certificate**
- ___ Student Health Information
- ___ General Health Appraisal Form signed by child's Health Care Provider
- ___ Official Immunization records
- ___ Questionnaire for Preschool Screens Form

Children will not be placed into the program until all of the above items are complete

For office only: Entered into IC___
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Elizabeth Schools Early Childhood Programs Registration Form

Please complete BOTH sides of this form.

Any applicant who knowingly or willfully makes a false statement of any material, fact, or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and upon conviction thereof, shall be punished accordingly.

Please Print

Child's Name: _____

Date of Birth _____/_____/_____ Last First Middle
email address _____

Ethnicity _____
(American Indian/Alaskan, Asian/Pacific Islander, Black, Hispanic, White, Pacific Islander)

Known Allergies _____

Known Medical Concerns _____

Name of Parent/Guardian: _____
Mother Father

Street Address _____ Subdivision _____

City _____ Zip _____ Home Phone # _____

Mother's Home # _____ Mother's Work # _____ Mother's Cell # _____

Father's Home # _____ Father's Work # _____ Father's Cell # _____

Student Lives With: _____ Both Parents _____ Mother Only _____ Father Only _____ Foster Parents
_____ Guardian(s) _____ Other _____

Mother's Place of Employment:

Name _____ Address _____

Father's Place of Employment:

Name _____ Address _____

Name of Brothers/Sisters Attending Elizabeth Schools

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Name of Younger Siblings

Name: _____ DOB: _____ Name: _____ DOB: _____

Emergency Information

In the event of illness or injury when parents cannot be reached, please list the names of people who are authorized to pick your child up from school. Students will not be released to anyone who is not specified on this form.

Name	Address	Relationship	Phone Number

Name of Child's Physician: _____

Address: _____ Phone: _____

Name of Child's Dentist: _____

Address: _____ Phone: _____

Name of Child's Hospital: _____

Address: _____ Phone: _____

Should an emergency arise, it is understood that a reasonable effort will be made, time and conditions permitting, to locate the undersigned parent(s) and emergency contact(s) before any action will be taken. If, however, it is not possible to locate either parent or the emergency contact(s), by signing below, I, the undersigned, do hereby give my consent and authorize officials of Elizabeth School District to contact directly or indirectly the persons named on the Registration, to seek emergency medical and surgical treatment in a medical facility by a physician or other licensed health care provider should my child's condition require it in my absence or to otherwise render treatment as may be deemed necessary in an emergency for the health and safety of the child. In the event the parents or other persons named on this Registration cannot be contacted, I authorize any school officials to take whatever actions are deemed necessary in their judgment for the health and safety of the child. Unless stated otherwise, I impose no specific prohibitions regarding treatment. I will not hold the District financially or legally responsible for the emergency care and/or transportation for my child.

_____ Date	_____ <u>Signature of Parent/Guardian</u>
_____ Date	_____ <u>Signature of Parent/Guardian</u>

Program your child will be attending:

Running Creek Preschool _____

Singing Hills Preschool _____

Individuals Authorized To Pick Up My Child

In accordance with the state licensing procedures, we must have on file the names, addresses and telephone numbers of the individuals permitted to pick up your child from school. If someone arrives to pick up your child and their name is not in our file we CAN NOT allow your child to leave with him/her.

Please list below the names, addresses and phone numbers of adults permitted to pick up your child from school. (NOTE: Children will not be released to anyone under 16 years of age.)

_____ may be picked up from school by the following adults.
Name of child

Name: _____

Address

Phone Number

Name: _____

Address

Phone Number

Name: _____

Address

Phone Number

Name: _____

Address

Phone Number

I understand that if a person comes to pick up my child and their name is not on the list, then my child cannot be released from school.

I understand that the person will be asked to show I.D. if the teacher does not know the person.

Parent's Signature

Date

District Data Collection Sheet

The Elizabeth School District requires each child to have a separate intake form for district wide data collection.

Please complete this form with your Preschool Registration Packet.

Please print your child's full name as it appears on your child's birth certificate. Please include a copy of your child's birth certificate as well.

Last Name _____

First Name _____

Full Middle Name _____

Date of Birth ____/____/____

Gender { } Male { } Female Ethnicity _____

American Indian/ Alaskan, Asian/Pacific Islander, Black, Hispanic, White, Pacific Islander

Is your child covered by health insurance? ____ yes ____ no

Is your child covered by Medicaid? ____ yes ____ no

Has your child ever been on an IFSP? ____ yes ____ no

If yes, did your child move on to an IEP? ____ yes ____ no

Are you a residence of the Elizabeth School district? ____ yes ____ no

If not, what is your district of residence? _____

Has your child been screened for the following:

Vision ____ yes ____ no (date) _____

Hearing ____ yes ____ no (date) _____

Dental ____ yes ____ no (date) _____

Parent Enrollment, Permission and Release Agreement

Child's Name: _____ Date: _____

Date of Birth ____/____/____

Parent Name: _____ Parent Name: _____

In consideration of the Elizabeth School District ("District") accepting the enrollment of my/our son/daughter ("Child") for the District's preschool or child care program offered by the District, the undersigned, as the parent(s) or legal guardian(s) of the above named Child, understands, agrees to and/or acknowledges the following:

1. Walking Field Trips. Walking field trips are a part of the preschool program activities. The walking trip/activity will take place away from District property, such as to the parks, library, fire station or nature walks, and may involve activities beyond the scope of traditional school functions conducted on District property. I hereby give permission to allow my Child to participate in these walking school field trips/activities.
2. Video Permission. I hereby give my permission for my Child to view educational videos as part of the preschool curriculum.
3. Drop-off: I agree not to leave my Child at the District preschool facility unless a District staff member or volunteer is there to receive and supervise my Child.
4. Pick-up: Should a person arrive to pick up my Child and that person appears to be under the influence of drugs or alcohol, for the Child's safety, preschool or child care program staff may refuse to release the Child into this person's custody and may involve law enforcement to the extent it is deemed necessary.
5. Pick-up Late Fee: I acknowledge that I will be charged a late fee in the amount of \$10 for every 15 minutes (or portion thereof) that I am late in picking up my Child. My Child will not be allowed to return to the program until I have paid all pick-up late fees incurred.
6. Tuition. I acknowledge that the tuition for the program per child is as set forth in the Parent Handbook, which may be revised from time to time in the District's sole discretion.

7. Payment Terms.

a. Tuition is based on year-round enrollment and shall be paid in nine (9) equal payments, commencing September through May. The first tuition payment is due the first day of preschool. Tuition is due every day that the preschool program is open and my Child is enrolled for that day, regardless of whether my Child attends. I will not be credited or refunded for any day my Child does not attend the preschool program, including absences due to my Child's illness or vacation; school closures such as inservices and national holidays; or inclement weather days, resulting in delayed openings and early closings. Tuition is due and shall be paid on the first day of each month in advance of the month for which the Child will attend the preschool program. Tuition may be paid by check, money order or cash. Singing Hills Elementary parents can write checks out to "SHE." Running Creek Elementary parents can write checks out to "RCE." My Child's name and my driver's license number should be indicated on the memo line of my check. I may report my driver's license number to the Early Childhood Office to be kept on file. The District will not accept out of state checks.

b. Late Payments. Tuition is due the first preschool day of every month. If a payment for the preschool program is not received when due, the District may charge me a \$25.00 late fee per fee that is not paid timely. I acknowledge that if I am found to be in violation of these payment terms for two consecutive months, then the District may terminate my Child's enrollment in the Preschool Program and/or deny my Child's enrollment in the preschool program in future program years. The District in its sole discretion may reinstate a Child to the preschool program(s) in which he/she is enrolled upon the payment of all outstanding tuition and fees.

e. Insufficient Funds. If a check is returned for insufficient funds, I will be charged an additional \$25.00 administrative fee. Upon receipt of notice of insufficient funds, I agree to promptly make payment of the tuition then past due, including all additional fees pursuant to this Paragraph 8(c) and any late payment fees. If a second check for insufficient funds is received, the program may require that I/we make all future payments with cash or money order only.

f. Non-payment. I acknowledge that if any amount is past due, the District can suspend my Child's enrollment until the unpaid balance is paid in full. In its sole discretion, the District may instead terminate my Child's enrollment in accordance with Paragraph 9 of this Agreement for my failure to pay tuition. The District also may deny my Child enrollment in the program in future program years for my/our persistent failure to pay tuition timely. In the event of non-payment where the District must employ attorneys for

the collection of tuition and other applicable fees, then I agree that, unless a court of competent jurisdiction orders otherwise, I will, on demand therefore, reimburse the District the reasonable fee of such attorneys incurred as well as any fees and costs incurred to collect amounts due under to this Agreement.

g. Discretionary Fee Waiver. If a lengthy illness should occur or family circumstances indicate that my Child will not need care for an extended period of time, please speak to the preschool program supervisor as to whether appropriate arrangements can be made.

8. Child Protection. I acknowledge that district personnel are mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.

9. District Policies. I acknowledge that I have reviewed a copy of the Parent Handbook and will comply with the policies set forth therein (a copy of the handbook is available on the District's website).

10. Conflicts. District staff and volunteers are not permitted to babysit or transport children at any time outside of the District's preschool program.

11. Termination. District, in its sole discretion, may terminate my Child's enrollment for any of the following reasons:

- a. Incomplete enrollment file, such as incomplete or inaccurate emergency names and phone numbers provided;
- b. Parent, legal guardian or authorized representative is consistently late in picking up Child after preschool facility closes
- c. Non-payment or late payment of tuition and fees
- d. Checks returned for insufficient funds
- e. Failure to adhere to the sign-in/sign-out policies
- f. Failure to notify the District preschool that Child will be absent
- g. Child leaves the preschool facility without authorized written permission
- h. Behavior of the Child that is habitually disruptive or dangerous to others and/or self
- i. Behavior of the Child that is destructive to property and my refusal to replace said property
- j. Any single incident that is deemed by the preschool program director to be dangerous and harmful or disruptive to the well-being and safety of other children or staff
- k. Harassment, violent behavior or threat of such behaviors against District or preschool staff or volunteers by a parent/guardian or persons associated with the Child

12. Notice of Termination for Convenience. I understand that I am required to give 30 days' prior written notice when terminating my/our Child's enrollment in the Program. If 30 days' prior written notice is not given, I will not receive a refund or credit of any enrollment fees paid in advance.

I have thoroughly read and understand the statements and conditions stated herein and agree to the terms of this agreement, and give consent for our Child to participate in the program.

Date: _____

Parent(s)/Guardian(s)/Legal Custodian(s)

Parent(s)/Guardian(s)/Legal Custodian(s)

Cell Phone or Emergency Contact Number

Permission for Photographs, Videos, Audio, and Electronic Images

By signing this Agreement, I am irrevocably giving permission to the District and program to photograph, videotape, audiotape, interview or create other electronic images or likenesses of my Child about or during an activity. I acknowledge that I will not receive compensation for the use of my Child's image, likeness, appearance, and voice now or in the future. The District may, in whole or in part, use the photographs, video, sound recordings and other electronic images containing my Child's image, likeness, appearance and voice in any manner or media, including use on web pages. The photographs, video, sound recordings and other electronic images may be used for any educational, institutional, scientific or informational purpose whatsoever, but will not be for any commercial uses. The District has the right and may allow others outside the District to copy, edit, alter, retouch, revise and otherwise change the photographs, video, sound recordings and electronic images at the District's discretion. All right, title, and interest in the photographs, video, sound recordings and electronic images belong solely to the School District.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Insurance

I fully understand that Elizabeth School District does not provide any accident or health insurance coverage for my child. I fully understand that it is my responsibility to provide insurance coverage for my child.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Consent to Apply Sunscreen and Hand Lotion

I consent and authorize the officials of Elizabeth School District to apply sunscreen and hand lotion to my Child. If I have not provided the specific brand of sunscreen or hand lotion that is noted below to the preschool or child care program staff, then we consent and authorize the Elizabeth School District officials to apply any brand of sunscreen or hand lotion available.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Sunscreen brand: _____

Hand lotion brand provided: _____

Waiver and Release of Liability

As the undersigned parent or legal guardian of the student identified below ("my child") I understand and hereby acknowledge that the participation of my child in any activities of the school, including but not limited to, class, recess, physical education, dining, sports, school-sponsored trips away from campus, other school-related activities or extracurricular activities, and use of a school facility or property (the "Activities"), involve INHERENT RISKS AND HAZARDS, including without limitation, dehydration, heat stroke, heat cramps, suffocation, paraplegia, quadriplegia, other serious permanent physical impairment and even death, as well as minor or catastrophic property damage and loss. There also are risks that cannot be anticipated. I am aware that the usual risks of travel are involved and do hereby give my child permission to take part in, and travel, in connection with activities of the school, including but not limited to sports, school-sponsored trips, and other school-related extracurricular activities.

ON BEHALF OF MY CHILD AND MYSELF, I FREELY ACCEPT AND FULLY ASSUME ALL COSTS, RISKS, DANGERS, AND HAZARDS of my/our child's participation in the Activities.

I also understand that Elizabeth School District ("District") cannot accept and will not have any responsibility for my child's acts or omissions.

RELEASE OF LIABILITY, WAIVER OF CLAIMS:

In consideration of the District allowing my child to participate in athletic practices and competitions, on behalf of my child and myself, I hereby expressly agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS whether known or unknown, now existing or arising at any time in the future that I have myself or on my child's behalf against the School, its successors, assigns, board of directors, shareholders, employees, representatives, agents and volunteers, arising directly or indirectly from my child's participation in the Activities.
2. TO RELEASE AND HOLD HARMLESS THE SCHOOL DISTRICT, its successors, assigns, board of directors, shareholders, employees, representatives, agents and volunteers from any and all liability for any claims, loss, damage, injury or expense that my child may suffer as a result of, but not limited to, my child's participation in the Activities.

I HAVE FULLY READ AND UNDERSTAND THIS RELEASE AND AGREE TO BE BOUND BY IT. I AM AWARE THAT BY SIGNING THIS RELEASE I AM WAIVING CERTAIN LEGAL RIGHTS THAT I MAY HAVE ON BEHALF OF MY CHILD AND MYSELF TO BRING LEGAL ACTION AGAINST ELIZABETH SCHOOL DISTRICT. I SIGN IT KNOWINGLY AND VOLUNTARILY AND OF MY OWN FREE WILL.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Class Choices for the 2023-2024 School Year

You will be notified of your final class placement by mail over summer break.

Child's Name _____

Program Location (please check one)

- ☐ Running Creek Preschool located in Running Creek Elementary School
- ☐ Singing Hills Preschool located at Singing Hills Elementary School

_____ **3 years old**
Mornings
Monday thru Thursday

_____ **4 years old**
Afternoons
Monday thru Thursday

_____ **3 and 4 years old**
Full Day
Monday thru Thursday

GENERAL HEALTH APPRAISAL FORM

PARENT please complete AND SIGN

Child's Name: _____ Birthdate: _____

Allergies: ☐ None or Describe _____

Type of Reaction _____

Diet: ☐ Breast Fed ☐ Formula _____ ☐ Age Appropriate

☐ Special Diet _____

Sleep: Your health care provider recommends that all infants less than 1 year of age be placed on their back for sleep.

☐ Preventive creams/ointments/sunscreen may be applied as requested in writing by parent unless skin is broken or bleeding.

I, _____ give consent for my child's care health provider, school child care or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (& applicable attachments) to my child's school, child care or camp personnel. FAX #: _____ DATE: _____

Parent/Guardian Signature _____

HEALTH CARE PROVIDER: Please Complete After Parent Section Completed

Date of Last Health Appraisal: _____ Weight @ Exam: _____

Physical Exam: ☐ Normal ☐ Abnormal (Specify any physical abnormalities) _____

Allergies: ☐ None or Describe _____ Type of Reaction _____

Significant Health Concerns: ☐ Severe Allergies ☐ Reactive Airway Disease ☐ Asthma ☐ Seizures ☐ Diabetes ☐ Hospitalizations

☐ Developmental Delays ☐ Behavior Concerns ☐ Vision ☐ Hearing ☐ Dental ☐ Nutrition ☐ Other _____

Explain above concern (if necessary, include instructions to care providers): _____

Current Medications/Special Diet: ☐ None or Describe _____

Separate medication authorization form is required for medications given in school, child care or camp

For Fever Reducer or Pain Reliever (for 3 consecutive days without additional medical authorization) PLEASE CHOOSE ONE PRODUCT

☐ Acetaminophen (Tylenol) may be given for pain or fever over 102 degrees every 4 hours as needed

Dose _____ or see the attached age-appropriate dosage schedule from our office

OR ☐ Ibuprofen (Motrin, Advil) may be given for pain or for fever over 102 degrees every 6 hours as needed

Dose _____ or see the attached age-appropriate dosage schedule from our office

Immunizations: ☐ Up-to-Date ☐ See attached immunization record ☐ Administered today: _____

Health Care Provider: Complete if Appropriate

****ONLY REQUIRED BY EARLY HEAD START AND HEAD START PROGRAMS PER STATE EPSDT SCHEDULE****

** Height @ Exam _____ ** B/P _____ ** Head Circumference (up to 12 months) _____ **

** HCT/HGB _____ ** Lead Level ☐ Not at risk or Level _____

** TB ☐ Not at risk or Test Results ☐ Normal ☐ Abnormal

** Screenings Performed: ☐ Vision: ☐ Normal ☐ Abnormal ☐ Hearing: ☐ Normal ☐ Abnormal ☐ Dental: ☐ Normal ☐ Abnormal

Recommended Follow-up _____

Provider Signature

Next Well Visit: ☐ Per AAP guidelines* or ☐ Age _____

This child is healthy and may participate in all routine activities in school sports, child care or camp program. Any concerns or exceptions are identified on this form.

Signature of Health Care Provider (certifying form was reviewed)

Date: _____

Office Stamp

Or write Name, Address, Phone, #

The Colorado Chapter of the American Academy of Pediatrics (AAP) and Healthy Child Care Colorado have approved this form. 04/07

*The AAP recommends that children from 0-12 years have health appraisal visits at 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.

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STUDENT HEALTH INFORMATION School Year: _____

Student name: _____ Birth Date: _____ School: _____ Grade: _____

HEALTH CONCERNS	YES	NO	MEDICATION (name/dosage)	RESTRICTIONS/ MEDICAL EQUIPMENT	DESCRIPTION/COMMENTS
Asthma/Respiratory					
Severe Allergies				Foods, Latex, Insects, Nuts, Medications?	Type of Reaction: Date of last Reaction:
Diabetes				Equipment: Pump:	
Head Injury					Date of injury:
Seizures/Neurological Conditions/Migraines					Type of last episode: Date of last episode
Heart /Blood Conditions					
Muscle/Joint/Bone					
Skin Conditions					
Bladder/Kidney					
Stomach/Intestines					
Immune Conditions					
Hearing/Ear Concerns					
Vision/Eye Concerns					
Growth/Developmental Concerns					
Emotional/Behavioral/ Attention Concerns					
Accidents/Injuries					
Other Health Concerns					

If your child needs to take medication while at school, please provide a "Permission to Give Prescription Medication at School" form filled out by your child's physician. If your child has asthma, diabetes, severe allergies or seizures, please go to the Elizabeth School District Health page for the required forms.

Parent/Guardian Signature

Contact Phone #

Date

Please contact the District Nurse if you would like to discuss any of the above information (303-646-6730)

Questionnaire for Preschool Screens

Please be assured that all the information you share on this form will be kept confidential.

Child's Name:

First: _____ Middle: _____ Last: _____

Date of Birth: _____

- 1.) Do both parents have decision making rights? _____
- 2.) If not: Who has educational rights? _____

Name: _____

Phone: _____

Email: _____

- 3.) Has your pediatrician ever mentioned any developmental concerns? _____

_____.
- 4.) Does your child have any official diagnosis? _____
_____.
- 5.) Was your child born premature? _____.
- 6.) Were there any complications during the stay at the hospital? i.e., Drugs in utero, seizures, lack of oxygen, feeding, etc.

_____.
- 7.) Is there a family history of learning challenges within your family? This could include parents, aunts and uncles, siblings? _____
_____.
- 8.) Is there anything else, medically, you would like for us to know about your child? _____
_____.

Preschool Readiness Checklist

Child's Name: _____ Date of Birth: _____

Age: _____

The following items are designed to help parents understand whether their child is ready for entering kindergarten. The ratings are as follows: Always-3, Sometimes-2, and Never-1. Place the DATE in the box signifying when the parent responded to an item, thereby keeping a record of the child's readiness. When scoring, assign the points based on the most recent administration of the Checklist.

As you interview the parent or primary caregiver, begin each item with the phrase: *"How often does your child...."*

I. Concept Development

How often does your child:	Always	Sometimes	Never
Recognize and/or name 6-8 colors?			
Match or sort items by color and shape?			
Join in art and music activities?			
Understand concepts such as: in, out, under, on, off, front and back?			
Know his/her body parts (head, shoulder, knee, foot, etc.)?			
Draw a picture of himself/herself that includes a head, body, arms and legs?			
Demonstrate curiosity, persistence and exploratory behavior?			

Total: ____/21 (Date 1: ____) ____/21 (Date 2: ____) ____/21 (Date 3): ____

II. Physical Development

How often does your child:	Always	Sometimes	Never
Put together a simple puzzle?			
Cut with scissors?			
Tie or try to tie his/her shoes?			
Enjoy outdoor play such as: running, jumping, climbing?			
Hold a crayon, marker, or pencil?			
Ride a tricycle?			
Bounce a ball?			
Throw and catch a ball?			

Total: ____/24 (Date 1: ____) ____/24 (Date 2: ____) ____/24 (Date 3): ____

III. Number Concept Development

How often does your child:	Always	Sometimes	Never
Arrange items in groups according to size, shape and color?			
Group items that are the same?			
Arrange toys or objects in size order from big to small or from small to big?			
Use words like bigger, smaller, heavier to show comparison?			
Compare the size of toys or items?			
Correctly count 4 to 10 objects?			
Show an understanding of the passing of time?			

Total: /21 (Date 1:) /21 (Date 2:) /21 (Date 3):

IV. Language Development

How often does your child:	Always	Sometimes	Never
Talk in complete sentences?			
Follow one/two step directions you give him/her?			
Use descriptive language? ("That's a big dog with brown spots")			
Use simple sentences in conversation? (I liked the movie)			
Sing or recite nursery rhymes?			
Pretend, create and make up songs and stories?			
Talk about everyday experiences?			
Ask questions about how things work.			
Expresses ideas in a way people around him/her understand?			
Tells or retells a story?			

Total: /30 (Date 1:) /30 (Date 2:) /30 (Date 3):

V. Writing Development

How often does your child:	Always	Sometimes	Never
Try to write, scribble or draw?			
Have access to paper, pencils, crayons, or markers?			
Like to receive notes from you and others?			
Ask you to play with him/her writing notes to people?			
Try to write his/her name?			
Try to write numerals 1-10?			

Total: /18 (Date 1:) /18 (Date 2:) /18 (Date 3):

VI. Social & Emotional Development

How often does your child:	Always	Sometimes	Never
Use words to solve problems when angry or frustrated?			
Use words such as please, thank you and excuse me?			
Attempt new tasks knowing it is okay to make mistakes?			
Take turns or share with other children?			
Make friends easily and interacts with them appropriately?			
Ask for help when he/she needs it?			
Stay doing an activity until it is completed?			
Follow rules, limits and routines?			

Total: ____/24 (Date 1:____) ____/24 (Date 2:____) ____/24 (Date 3:____)

This section is directed to how often the parent(s) interact with their child around school readiness. Begin each item with the phrase: "How often do you...."

VII. Parent Involvement

How often do you...	Often	Sometimes	Never
Talk to your child about your day or experiences?			
Talk to your child about your experiences in school?			
Read to your child?			
Talk to your child about going to preschool, Head Start or Kindergarten?			
Play "school" with your child to show what going to school is about?			

Total: ____/15 (Date 1:____) ____/15 (Date 2:____) ____/15 (Date 3:____)

Scoring: Total each section. NOTE: For children 3-4 years old, Ready for School is 92 and above. For children 5-6 years old, Ready for School is 122 and above.

	Area	Points Received			Possible Points	3-4 Years	5-6 Years
		Date 1	Date 2	Date 3			
I.	Concept Development				21		
II.	Physical Development				24		
III.	Number Concept Development				21		
IV.	Language Development				30		
V.	Writing Development				18		
VI.	Social & Emotional Development				24		
VII.	Parent Involvement				15		
TOTAL					153		
Age Designation as Ready for School						92	122

Is the child Ready for School? (Yes/No) Date 1: ____ Date 2: ____ Date 3: ____