

Little Graces Preschool & Kindergarten

Kindergarten Registration Form 2010 - 2011 School Year

Child's Name (First, Middle, Last): _____ Nickname Used: _____

Birth Date: _____ Age as of Sept. 1, 2010: _____ years _____ months Sex: male female

Parent/Guardian Name: _____ Place of Employment: _____

Address: Street: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: M _____ D _____

Cell Phone: M _____ D _____ E-mail: _____

Check all that apply:

____ returning family/sibling ____ pledging parishioner ____ waitlist family from 2009-2010 ____ new family
(must have paid \$75 registration fee)

Please enroll my child in the following program:

____ 5-day Kindergarten Program (age 5 by Sept. 30, Monday-Friday, 8:50 a.m.- 2:30 p.m.)
\$5,940/year, paid in 3 installments *must have independent toileting skills

Questions:

1. Are you available to be on a Volunteer Substitute List for either an assistant or teacher? ____ yes ____ no
 - a. Days you are available to substitute: M T W TH F
2. Class Placement/Teacher preference for your child (*We will do our best to accommodate requests, but please note that many factors go into the final decision for classroom placement. We want each year at Little Graces to be the best it can be for your children.*) _____
3. Medical Information (*a separate medical form must be completed prior to the start of school for any child needing medication during the school day*):
 - a. List any allergies or intolerance to medicine or food:
 - b. Respiratory Ailments:
 - c. Current medication including inhalers:
 - d. Restrictions/Limitations on activities:
4. Is it your intention for your child to move forward on to 1st grade in 2011-2012? ____ yes ____ not sure yet
5. I would be interested in the following grades in the future at Little Graces:
Circle grades of interest: K 1st 2nd 3rd 4th 5th

Little Graces Preschool & Kindergarten
Teacher Information Form
(front and back- NEW students only)
2010 - 2011 School Year

Please complete as thoroughly as possible so we can work together to best meet each child's individual needs.

Child's Name _____

1. What family members live in the home with the child:

<u>Name:</u>	<u>Relationship</u>	<u>Age (of siblings)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Has your child attended preschool before? _____ Y _____ N
 Name of School: _____ Number of Days/Hours Attended: _____
(if you have any progress reports from former programs, please include a copy)

4. Has your child ever been evaluated for special services through Child Find or privately? _____ Y _____ N
 If yes, please attach results of evaluations.

5. Has your child worked with any therapists or specialists on developmental issues? _____ Y _____ N
 If yes, please share the following: Title of specialist/therapist, frequency of service, years of service

6. Is child **independently** potty trained? _____ Y _____ N
 Words used at home for urination:
 Words used at home for bowel movement:
 Level of independence with toileting skills *(what help does your child require?)*:

7. Does your child interact regularly with other children his/her age? _____ Y _____ N

8. Does your child engage in small motor activities regularly (ie., play dough, glue, paint, crayons)? _____ Y _____ N
 Does your child use scissors properly? _____ Y _____ N
 Does your child show an interest in drawing or coloring? _____ Y _____ N
 Does your child show right or left hand dominance? _____ Right _____ Left

9. Does your child enjoy listening to stories? _____ Y _____ N
 Does your child enjoy telling stories? _____ Y _____ N
 Do you feel that your child's attention span is age appropriate? _____ Y _____ N

10. Which of the following does your child recognize? _____ colors _____ shapes _____ numbers _____ letters

11. Describe how your child separates from parents; how does your child feel about school?

12. How do you discipline your child and how does he/she usually react?

13. Please share any pertinent developmental information and/or chronic physical problems we should know about (ie., premature, delays: This is the place to share more information about specialists/therapists and things they are working on with your child so we can work together to best meet your child's needs):

14. Please share any concerns about the development of your child's speech (if applicable).

15. Please share any family issues that may affect your child at school (if applicable).

16. Describe some of your child's interests and strengths; share his/her favorite activities:

17. Share any fears or concerns of your child's:

18. Describe what you hope your child will gain from this year at school:



Little Graces Preschool & Kindergarten

Established 2001 A.D.

Grace Episcopal Church, P.O. Box 32,
6507 Main Street, The Plains, Virginia 20198
(540) 253-9800 fax (540) 253-5193

February 1, 2010

Dear Families,

Thank you for your interest in Kindergarten at Little Graces. We are proud of the high quality early childhood program we have created over the past nine years at Grace Episcopal Church and look forward to continuing to challenge and stimulate the minds and bodies of our Little Graces while fostering independence, self-confidence, problem solving skills and a life-long love of learning. We are grateful that your family has chosen to be part of our school. What a fun, unique and rewarding experience we know you will have!

Our Kindergarten class will consist of 15 children with a teacher and co-teacher. We will follow the Fauquier County School System calendar and be in session from September 6, 2010 through May 27, 2011. Hours will be from 8:50 a.m. - 2:30 p.m. Program highlights include an excellent student to teacher ratio, emphasis on language arts/phonics, phonemic awareness, and writing, an integrated curriculum with hands-on learning opportunities to accommodate all learning styles, weekly chapel time, unique enrichment classes, and special and unique programs and field trips through our LAMB (Language, Arts, Music, and Beyond) Program.

Tuition and Payment: Please note that Kindergarten tuition is non-refundable.

\$1,980 due within two weeks of acceptance to reserve spot

\$1,980 due May 1, 2010

\$1,980 due July 1, 2010

Any family enrolling more than one child will be offered a \$25/month discount after the first full tuition.

Registration Forms and Fees:

To complete your child's registration file, please return the enclosed form with your \$100 registration fee. Please make checks payable to Little Graces Preschool.

Kindergarten Registration Form (*be sure to include non-refundable registration fee*)

Teacher Information Form (*front and back- only if NEW family*)

Updated Immunization Records

Registration Deadlines:

Please note the registration deadline that applies to your family.

February 1-5: Registration for returning families, siblings, and Grace Church parishioners

February 8-12: Registration for waitlist families from 2009-2010 (*\$75 registration fee for 2009-2010 secured a wait list spot*)

February 16: Open Registration

Registration materials may be returned in person or by mail. If returned prior to the applicable registration date, your file will be dated the first day of the applicable registration week. Once all your registration forms and fees are received, new applicants will be contacted to set up an interview and to discuss the procedure for completing the Confidential Referral Form for Kindergarten. Priority is given to returning families and Grace Church parishioners.

We will provide information about Little Grace's Summer Camp opportunities (*June 1-4, June 7-11, June 14-18 and one week t.b.d. in July*) when we mail acceptance/wait list letters. Don't forget to mark your calendars for the 10th annual Little Grace's Fun Fair on Sat., April 24 from 10:00-3:00 for a FUN family day! If you have any questions, please call me at Little Graces Preschool at (540) 253-9800 or email me at littlegraces@gracechurch.net.

Sincerely,

Michelle Adzima, Director

PLEASE NOTE:

To apply for Kindergarten at Little Graces, children must be five years old by September 30, 2010 and must possess kindergarten readiness and independent toileting skills.

*An annual, non-refundable registration/administrative fee of \$100 is required with your application (this fee is \$50 for any wait list family from 2009-2010 who already paid \$75). Please make checks payable to **Little Graces Preschool**. Any family enrolling more than one child will be offered a \$25/month discount after the first tuition. **Kindergarten tuition is non-refundable.***

Kindergarten parents are required to volunteer at least one time a month *on a rotating basis*. Your child's teacher will provide a schedule at the beginning of the year. We have a multitude of volunteer opportunities all year long to help create an incredible kindergarten experience for our

children. **Volunteers are the heart and soul of our school and help** *make our program an incredible experience for our children therefore, volunteerism is strongly encouraged at our school.* Thank you in advance for your support!

Little Graces Preschool & Kindergarten

Established 2001 A.D.

P.O. Box 32,
6507 Main Street, The Plains, Virginia 20198
(540) 253-9800 fax (540) 253-5193

Confidential Referral Form for Kindergarten

I hereby authorize (name of school) _____ to complete the following form and share the documents requested.

Parent Signature: _____ Date: _____

*This information is confidential. Thank you for your assistance in completing this form.
Please mail all information directly to **Little Graces Preschool, PO Box 32, The Plains, VA 20198.***

Child's Name: _____ Present Placement: _____

	<u>Still Developing</u>	<u>Age Appropriate</u>	<u>Exceeds Age Expectations</u>
Social/Emotional			
Separates easily from parents	_____	_____	_____
Cooperates	_____	_____	_____
Shares well	_____	_____	_____
Is imaginative	_____	_____	_____
Exhibits leadership	_____	_____	_____
Uses materials purposefully	_____	_____	_____
Is inquisitive	_____	_____	_____
Is comfortable with adults	_____	_____	_____
Works and plays independently	_____	_____	_____
Responds positively to correction	_____	_____	_____
Physical			
Uses bathroom independently	_____	_____	_____
Small muscle control/coordination	_____	_____	_____
Large muscle control/coordination	_____	_____	_____
Speech development	_____	_____	_____
Stamina	_____	_____	_____
Pre-Academic Skills			
Handles materials appropriately	_____	_____	_____
Is attentive	_____	_____	_____
Listens in a group	_____	_____	_____
Contributes to discussions	_____	_____	_____
Follows directions	_____	_____	_____
Works cooperatively	_____	_____	_____
Completes tasks	_____	_____	_____
Can focus on one task	_____	_____	_____
Moves easily from task to task	_____	_____	_____
Initiates tasks	_____	_____	_____
Exhibits problem-solving	_____	_____	_____
Expresses thoughts clearly	_____	_____	_____
Eager to take on challenges	_____	_____	_____

