



Children's School Application

Date of Application: _____

Child's Name: _____
(Last) (First) (Middle)

Sex: _____ Birthdate: _____

Address: _____

City _____ State: _____ Zip Code: _____

Telephone Number: _____

Parent/Legal Guardian #1: _____ Occupation: _____

Parent/Legal Guardian #2: _____ Occupation: _____

List children in family from oldest to youngest: (Name and Birthdate)

Do any of your children attend the Children's School now or have attended in the past?

Previous Schools Attended (if applicable): _____

This Application is for the School Year Beginning September of: _____

Session Preference

Preschool

- | | |
|---|---|
| _____ Morning Program | _____ Morning Program with Extended-Day |
| _____ Afternoon Program | _____ Afternoon Program with Extended-Day |
| _____ Either Morning or Afternoon Program | _____ Either Morning or Afternoon Program with Extended-Day |

Kindergarten Program

_____ Kindergarten

Please enclose an application fee of \$50 made payable to CMU Children's School and mail with this application to:
 Mrs. Jean Veltri Simpson
 Children's School, MMC 17
 Carnegie Mellon University
 Pittsburgh, PA 15213

Student Information Form

For the _____ School Year

Child's Name _____
(First/Middle/Last)

What name would you like your child to be called at school? _____

Child's Birthdate: _____ Birthplace: _____ Gender: _____

Home Address: _____

Home Telephone: _____

Parent/Legal Guardian #1: _____

Home Address: _____
(If different from child's)

Telephone Numbers: Home: _____ Work: _____
Cell: _____ Other: _____

Email: _____

Birthplace: _____ Highest Education: _____

Occupation: _____ Employer: _____

Business Address: _____

Business Hours: _____

Hobbies & Interests: _____

Parent/Legal Guardian #2: _____

Home Address: _____
(If different from child's)

Telephone Numbers: Home: _____ Work: _____
Cell: _____ Other: _____

Email: _____

Birthplace: _____ Highest Education: _____

Occupation: _____ Employer: _____

Business Address: _____

Business Hours: _____

Hobbies & Interests: _____

Emergency Contact Information

(to whom child may be released if legal guardian is unavailable)

Name #1: _____ Relationship: _____

Telephone Numbers: Home: _____ Work: _____

Name #2: _____ Relationship: _____

Telephone Numbers: Home: _____ Work: _____

Child's Usual Source of Medical Care

Name: _____

Address: _____

Telephone Number: _____

Child's Health Insurance

Name of Insurance Plan: _____

ID # _____

Subscriber's Name (on insurance card): _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations

(How is your child's health? Any allergies? Any foods prohibited?)

Transport Arrangement for Emergency Situation

Your child will be transported by the CMU police and ambulance service.

Child will be taken to: _____

(Please state a hospital preference.)

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least twice a year.

Date: _____ Parent/Legal Guardian #1 Signature: _____

Date: _____ Parent/Legal Guardian #2 Signature: _____

Family Information

Has either parent been married previously? _____

Is either parent away from home for long periods of time? _____

Please list any others besides parents/guardians who live with the child: _____

Siblings

What is this child's place in family? (first, second, etc.) _____

Boys			Girls		
<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please list schools older siblings attend: _____

Information about the Child

Is your child adopted? _____ If so, how old was your child when adopted? _____

What are your child's special interests? _____

How often does your child have an opportunity to play with other children?

Has your child attended school previously? _____

If yes, where and for how long? _____

When discipline is necessary, what kind of discipline is used in the home?

Please describe your child's:

Eating habits: _____

Sleeping habits: _____

Toilet habits: _____

Does your child have any difficulties in the areas of vision, hearing, or speech?

Does your child speak any language other than English? _____

Does your child have any special fears (e.g., dogs)? _____

Has your child been referred to specialists for evaluation? _____ If yes, please explain:

Please take this time to write a paragraph about your child's early development. Include comments about birth and infancy.

How did you learn about our school?

Children's School

Carnegie Mellon University

MMC 17 Pittsburgh, PA 15213

Teacher Recommendation

_____ has applied for admissions to the Children's School Kindergarten at Carnegie Mellon University. Please comment on the child's readiness for kindergarten in the following areas:

1. **Self-Esteem & Independence** - encouraging each child 's pride in individual characteristics, families, experiences, and accomplishments and each child's responsibility for personal care, actions, and words.

2. **Interaction & Cooperation** - promoting children's social skills for diverse adult and peer relations, including listening, turn-taking, following directions, rules and routines, group participation, care for shared materials, and conflict resolution.

3. **Communication** - facilitating comprehension and expression skills beginning with oral and progressing to written language.

4. **Discovery & Exploration** – Fostering a positive attitude toward learning through questioning, observing, and experimenting with varied materials related to diverse themes.

5. **Physical Capabilities** - giving children opportunities to use their growing bodies to develop small and large motor skills and coordination.

6. **Artistic Expression & Appreciation** - cultivating each child's ability to express ideas and emotions through art, music, movement, and drama.

Teacher's Name: _____

Teacher's Signature: _____

Name of School: _____ Date: _____

Thank you for providing us with this information.

Parent Request:

I request that the teacher of the above named student complete this form to help the Children's School Staff determine whether their kindergarten program is a good match.

Parent's Signature: _____ Date _____