

February 1, 2018

Dear Parent(s)/Guardian(s),

Our latest census information indicates that you have a child who will be eligible to enter our 3 Pre-K program in September 2018. In order to enter our 3 Pre-K program, children must be 3 years old on or before December 1, 2018.

3 Pre-K registration will take place at the Primary School from 8:00am to 3:00pm during the week of April 16 through April 20.

Please bring the following with you to registration:

- Completed school registration packet (please give complete and accurate information as this becomes part of your child's permanent school record)
- Child's original birth certificate
- Physical examination form with an updated immunization record (requirements can be found at: <http://www.health.state.ny.us/publications/2370.pdf>).

We look forward to meeting you at 3 Pre-K registration. Please know that it is not necessary that you bring your child with you when you come to registration.

If you should have any questions or concerns regarding the above information, please feel free to contact the main office directly at 335-4040.

Sincerely,



Daniel W. Dixon
Principal

DANIEL W. DIXON
Primary School Principal

284 Main Street
Dansville, NY 14437
Phone: (585) 335-4040
Fax: (585) 335-8181

Dansville 3PK Questionnaire



Child's Name: _____

Date of Birth: _____ M _____ F _____

Language Spoken at Home: _____

Person completing this form & relationship to child: _____

Do you think that your child is ready for 3PK? Yes _____ No _____

In which session would you prefer your child: AM _____
PM _____

Please complete the following items so that we can learn more about your child.

1. Some families use nicknames, others don't. What name would you like us to use for your child? (i.e. Kate instead of Katherine, Andy instead of Andrew). Please answer this question carefully! We will be writing this name on many things that we need to prepare for the 1st day of school. This is also the name we will ask your child to use for writing practice. _____

2. Did your child attend a Pre-School/Daycare program in 2017-18? _____ (If yes, please provide us with the following information):

Pre-School or Daycare name & phone number _____

Dates attended _____

I give Dansville Primary School permission to contact this provider to discuss my child's development.

Signature of Parent/Guardian: _____

3. I am proud that my child is able to: _____

4. My child prefers the following toys and activities: _____

5. The activities my child and I do together are: _____

6. Has your child received any of the following services in the past year (if yes, please supply service provider's name, phone number & frequency of service):

- Speech/Language _____
- Occupational Therapy _____
- Physical Therapy _____
- Special Education _____
- Other _____

7. Do you have any behavioral concerns about your child? If so, please describe: _____

8. Why my child is playing with other children, he/she:

- _____ Shares/takes turns
- _____ Handles conflicts aggressively
- _____ Readily interacts with others
- _____ Becomes easily frustrated

Other: _____

9. Who lives in the home? Who is/are the child's primary caretaker(s)? _____

10. Does the child have any siblings? Do they attend DPS? _____

11. Have there been any major changes in the household since your child was born (i.e. new sibling, change in primary caregiver, death of a close family member, etc.)? _____

12. Has your student been toilet trained? If so, for how long? Does your child have any issues related to going to the toilet or bowel problems (please provide specific details around use of pull-ups during nap & nighttime, frequency of accidents, approach you and/or your doctor are taking, need for resources for potty training, etc.)? _____

13. How many hours does your child sleep at night? How many hours does your child nap each day (please include any specific routines that you may use with napping that you think are important for us to know)? _____

14. How would you characterize your child's interaction with family members, friends, teachers, other adult figures? Please check all that apply:

Shy		Cooperative		Strong-Willed	
Outgoing		Creative		Easily Distracted	
Playful		Curious		Moody	
Inquisitive		Defiant		Bossy	
Talkative		Demanding		Loving	
Sneaky		Perfectionist		Cautious	

15. I have had questions or concerns about the following areas of my child's development or experience, at some point since birth. Please check all that apply:

Medical & Developmental		Pre-School/Daycare Experience	
Crawling, sitting, standing, walking		Struggled with drop-off	
Eye contact, smiling, interactions, babbling, crying		Ran out of a class, home, or building without an adult or unprompted?	
Any unexpected or sudden falls, emotional events, or other major changes/trauma?		Extended/intense tantrums (i.e. pushing furniture, kicking, hitting, very loud, etc.)	
Any recurring illnesses (ear infection, bronchitis, sinusitis, stomach, fevers, surgeries, fussiness, sensitivities, etc.)?		Aggression towards adults or other students (i.e. kicking, hitting, shoving, etc.)?	
A chronic condition (asthma, serious allergies, sickle cell, etc.)?			
Currently taking medication (prescription or over the counter)			