

**PRESCHOOL-KINDER-LOWER SCHOOL APPLICATION FORM**

**Student's Legal Name:** \_\_\_\_\_  
   Last                                  First                                  Middle                                  Nickname

\_\_\_\_\_

Address    City                                  Date of Birth                                  Age

Second Address (if applicable) \_\_\_\_\_

*(For transferees)* Present school and address: \_\_\_\_\_

How did you find out about CLP School? Who referred you (if any)? \_\_\_\_\_  
 \_\_\_\_\_

Gender: Male \_\_\_\_\_      Program applying for: Toddler (1.6-2s) \_\_\_\_\_      Grade 1 \_\_\_\_\_  
                         Female \_\_\_\_\_      Nursery (2s-3s) \_\_\_\_\_      Grade 2 \_\_\_\_\_  
 Religion: \_\_\_\_\_      Pre-K (3s-4s) \_\_\_\_\_      Grade 3 \_\_\_\_\_  
   Kinder (5s) \_\_\_\_\_      SPED (FLEX Program) \_\_\_\_\_  
 Is the child adopted? \_\_\_\_ Yes \_\_\_\_ No      If YES, what year and age was he/she adopted? \_\_\_\_\_

**Parents/Guardian**

**Mother's Name:** \_\_\_\_\_

	Home phone (landline)	Mobile phone
Place of employment	Occupation	Business phone

Email: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

	Home phone (landline)	Mobile phone
Place of employment	Occupation	Business phone

Email: \_\_\_\_\_

**Legal Guardian:** \_\_\_\_\_

	Home phone (landline)	Mobile phone
Place of employment	Occupation	Business phone

Email: \_\_\_\_\_

**Family/Home**

Siblings	Age	School/Grade Level
_____	_____	_____
_____	_____	_____
_____	_____	_____

List other adults living with you other than the immediate family:

Name of adult	Relationship with child
_____	_____
_____	_____

What is the language used at home? \_\_\_\_\_  
 Second language or other languages the child is exposed to: \_\_\_\_\_

**Child's Growth and Development**

1. Problems during birth: \_\_\_\_\_
2. Problems during growth and development: \_\_\_\_\_
3. Is there history of learning problems/developmental delays/issues in the family? \_\_\_ YES \_\_\_ NO
4. General health at present: \_\_\_ poor \_\_\_ fair \_\_\_ good
5. Surgery, major illness, childhood diseases, high fevers, ear infections, injuries, operations. Give age of child with each \_\_\_\_\_
6. Allergies: \_\_\_\_\_
7. Is your child now receiving regular medication of any sort? \_\_\_ YES \_\_\_ NO  
 Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_
8. Describe medical or learning problems if any: \_\_\_\_\_
9. Diagnosis if any: \_\_\_\_\_
10. Have you ever sought consult (with a developmental pediatrician, psychologist, psychiatrist, or any other in the allied medical field) for your child? \_\_\_ YES \_\_\_ NO
11. Has your child been recommended for further evaluation? \_\_\_ YES \_\_\_ NO
12. Has your child received intervention (e.g. but not limited to occupational therapy, speech and language program, physical therapy, psychotherapy, counseling, etc.)? \_\_\_ YES \_\_\_ NO
13. If your child attended private tutoring and/or therapy, fill in the following:

Name and address of center	Teacher/Therapist	Dates	No. of hours/week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Developmental Milestones**

Receptive Language Skills	Age Expected	Age Acquired	Expressive Language Skills	Age Expected	Age Acquired
Localizing to sound (turning to direction of sound source)	1:0		Cooing	0:2-0:3	
Localizing to voice/name calling (turning to the direction of the speaker)	2:0		Babbling	0:4-0:6	
Following simple commands	3:0		Imitated adult sounds	0:6-1:0	
Recognizing names of familiar people and objects	2:0		First word (specific)	1:0	
Answering simple questions (yes/no)	3:0		2 word utterances	1:6-2:0	
<b>Motor Skills</b>	<b>Age Expected</b>	<b>Age Acquired</b>	Babbles but uses at least 20 single words correctly	1:3-1:6	
Crawling	0:7		Uses up to 50 words	2:0	
Sitting	0:7		Uses some pronouns, plurals, prepositions	2:0-3:0	
Standing alone	0:7-1:0		Uses sentences 4-6 words	3:0-4:0	
Walking alone	1:0		Easily understood by an adult, asks meaning of unfamiliar words	5:0	
Feeding self	1:0				
Dressing self	3:0-5:0				

Reference: *Language Development: An Introduction (Owens, 9<sup>th</sup> Edition)*  
*Brigance Diagnostic Inventory of Early Development*

**Parenting and Schooling:**

My child spends most of his/her time with:  parent/s  nanny/caregiver  siblings  other relatives  
 friends

Check one:  I/We believe in establishing routine. Or  I/we believe routine should be flexible and allows for a lot of changes according to our own activities (parent's work/career/family activities, etc.)

My child follows this routine at home: wake up time: \_\_\_\_\_ bed time: \_\_\_\_\_

Morning activities: \_\_\_\_\_

Activities after lunch: \_\_\_\_\_

Nighttime or routine after dinner: \_\_\_\_\_

I/We believe in this/these (one or more) types of discipline practices:

spanking  time out  face the wall  explaining why it is wrong  grounding  
 none, because they are too young to understand discipline

For each of the following pairs of statements, choose the more dominant statement to describe your beliefs:

I/We believe children should be drilled in reading, writing, and learning math as early as possible.

I/We believe children should be given more time to play and explore their surroundings.

I/We believe children should be given homework at least three up to five times a week.

I/We believe children should continue their learning at home through guided play and interaction with the knowledgeable adults.

I/We believe children should learn, firstly, how to socialize and interact properly; secondly, academics.

I/We believe that in order to be excellent, children should be immersed in academic work as early as possible.

I/We believe in partnering with the school to help our child have a happy and successful school life.

I/We believe it is the school's sole responsibility to enable our child to learn academic concepts.

I/We believe in the inclusion philosophy where both neuro-typical learners and learners with special education needs interact and learn from each other.

I/We believe that learners with special education needs have to be segregated in special education schools rather than in a regular classroom.

I/We believe children should learn about the Philippines and to speak Filipino in order to widen their understanding of themselves and of the world.

I/We believe children should learn to speak English first because it is regarded as a global language.

I/We believe children should learn about peace building, conflict resolution, and non-violence as early as possible.

I/We believe peace and socio-civic issues are too abstract for the young child.

I/We believe it is necessary for young children to learn about ways to save the environment.

I/We believe caring for the environment is still too difficult for our/my child to process.

Goal/s for my/our child's schooling:

*I certify that all the above information on this student's application form is true and correct to the best of my knowledge.*

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Date*

RECEIVED BY:

CLP representative's INITIALS: