PALI PRESCHOOL

Thank you for choosing to apply to Pali Preschool for your child's educational foundation!

To apply your child to our program, simply fill out the attached Pali Preschool Student Application, Child's Developmental History, Teacher Reference Report (if your child is currently attending another program), and turn in a non-refundable application fee of $50.00. Payments for the application fee can be made by cash or personal check. You may submit your application and fee by mail or in person at our Preschool Office.

Office hours are Mondays-Fridays from 8:30am-4:00pm (closed on certain holidays).

Applications will be accepted starting from September 1st of the year prior to your child's start date. For the Toddler Program priority is given to currently enrolled siblings. All toddler students must be 2 years old upon entering the program.

For students entering the Preschool program, they must be fully potty trained by the start of the school year. Those who submit their application by September 30th will be considered for the first round of applicants. Applications will be accepted after September 30th and until classes are filled.

Pali Preschool seeks future students who are ready to begin either on the first day of school or at the time of availability. Tuition is an annual tuition and parents are given the opportunity to either pay in full or in monthly installments via their FACTS account.

If you have any questions about Pali Preschool, please feel free to contact us:
Phone: (808) 523-6495
Email: info@palipreschool.com

Thank you again for choosing Pali Preschool!

Pali Preschool Student Application
467 North Judd Street, Honolulu, HI, 96817
Phone (808) 523- 6495, Fax (808) 537 - 5780
A non-refundable application fee of $50.00 must be submitted with application

Toddler or Preschool: _____
Desired School Year: _____

Applicant Information:

Student's Name_____ Nickname_____

Address_____
Number and Street City State Zip

Contact Number_____ Child's Birthday_____ ( ) Male ( ) Female

Name of siblings who previously attended Pali Preschool: _____

Parent/Guardian Information:

☐ Dr ☐ Mr. ☐ Mrs. ☐ Ms.

_____
Name

_____
Cell Phone Number

_____
Email Address

_____
Employer

_____
Occupation Work Phone

☐ Dr ☐ Mr. ☐ Mrs. ☐ Ms.

_____
Name

_____
Cell Phone Number

_____
Email Address

_____
Employer

_____
Occupation Work Phone

Parents'/Guardians' Status: ☐ Married ☐ Single ☐ Divorced ☐ Other _____

Who has physical custody of the applicant? _____ _____
Name(s) Relationship

Current Preschool/Child Care Center/Provider: _____ Dates Attended:_____

How did you hear about Pali Preschool? _____

Why did you choose Pali Preschool for your child? _____

_____

What do you see as your part in your child's education? _____

_____

Has your child ever been tested by the DOE or other agencies? ( ) Yes ( ) No Date of testing: _____

What were the results? (Please provide us a copy of the results) _____

May we have permission to contact your child's current teacher/provider? ( ) Yes ( ) No

_____ _____
Parent/Guardian Signature & Date Parent/Guardian Signature & Date

For Office Use Only

Visitation Date _____ **Application Fee**_____

Assessment Date (if applicable) _____

PRESCHOOL

Child's Developmental History

The Information shared will assist the teachers in understanding and helping your child. All information will be kept strictly confidential.

Child's Name _____ **Date of Birth** _____

"Nickname" _____

HOME LIFE

1. Parent/Guardian First & Last Name _____ _____

2. Parent/Guardian First & Last Name _____ _____

Who does the child live with? _____

Any siblings? If yes, please list name(s) & ages

_____

Has the family made any moves or major changes within the last three years?

_____

What language(s) is spoken at home and to what extent? _____

SCHOOL LIFE

Has your child ever attended daycare, another preschool or been in a preschool setting? If so, please indicate which program and the reason for the change.

_____

_____

Describe your child's attitude towards learning.

_____

We are a Christian Preschool. Do you have any objections to your child being exposed to spiritual development?_____

What are your plans for your child for Kindergarten?

_____

PROFILE OF THE CHILD

What are your child's strengths? _____

What are your child's weaknesses? _____

Describe your child's general personality _____

_____

Does your child usually nap? ( )Yes ( )No

Any problems or special needs connected with sleep? _____

Does your child have any certain habits? _____

List any definite fears/stressors _____

Does your child have any particular interests? _____

_____

Bedtime: _____ Wake up time: _____

Is your child potty trained DURING THE DAY? ( ) Yes ( ) No

Is your child potty trained DURING THE NIGHT? ( ) Yes ( ) No

Any regression in potty training? ( ) Yes ( ) No

If yes, what triggered it? _____

_____

How independent is your child (i.e. dressing himself/herself, putting on footwear, feeding self with utensil, etc.)?

_____

_____

Is your child able to understand and follow one-two step directions? ( ) Yes ( ) No

Is your child able to separate from parent/caregiver with minimal disruption? ( )Yes ( ) No

How is your child disciplined at home? How does your child respond?

_____

_____

_____

What goals do you have for your child while in preschool? _____

_____

Why would Pali Preschool be a good environment for your child? _____

_____

Is there anything else about your child you would like to share with the faculty that would be helpful in helping to better know, understand and work with your child? (His/her personality, temperament, "unique" behaviors, etc.)

_____

_____

_____

_____

_____

PRESCHOOL

Teacher Reference Report
(Confidential Report)

Child's Name: _____ **Birthday**: _____

Parent/Guardian: Please have your child's current teacher/child care provider complete this report. Information on this report is confidential and will not be shared beyond the admission committee.

I agree to have this form completed by my child's former provider. In addition, I give Pali Preschool permission to contact my child's former teacher/child care provider to discuss any questions Administration may have.

Parent/Guardian Signature: _____ **Date:** _____

Please Circle the Appropriate Rating(s):

Self motivation	Does very little	Only that required	Set high goals
	Some desire to learn	Well motivated	
Intellectual curiosity	Limited	An occasional spark	One area only
	Strong and varied	Intense and varied	
Ability to work in a group	Has great difficulty	Sometimes unable to cope	
	Usually effective	Always works well with others	
Ability to work alone	Needs much supervision	Needs help frequently	
	Needs help occasionally	Always works well	
Ability to express ideas Orally	Limited	Has some difficulty	
	Good	Exceptionally good	
Use of time	Uses poorly	Occasionally wastes	
	Usually uses well	Always uses effectively	
Follows directions	Needs explanation	Occasionally needs help	
	Quickly and correctly		
Seeks help when needed	Rarely	Occasionally	
	Usually	Always	
Attention span	Easily distracted	Occasionally distracted	
	Usually good	Exceptionally good	
Maturity in terms of age	Very mature	Somewhat mature	Normal
	Above average	Very mature	
Consideration of others	Thoughtless	Seldom considerate	
	Usually considerate	Always considerate	
Social adjustment	Has serious problems	Has frequent minor problems	
With peers	Very healthy	Has occasional minor problems	

Leadership potential	A follower		Leads when put in position	
	A natural leader		Seeks opportunities and uses them well	
Initiative	Never initiates		Rarely shown	
	Occasionally initiates		Frequent display	
Classroom conduct	Negative instigator		Occasionally disrupts	
	Usually good		Always good	
Emotional stability	Insecure		Overly tense	
	Attention giver	Stable		
Personality	Withdrawn/shy	Overly aggressive		Delightful
	Pleasing		Unusually interesting	
Self confidence	Needs much reassurance		Appears overly confident	
	Needs some support		Healthy self-image	
Takes responsibility for Actions	Rarely	Sometimes	Usually	Always
Cooperates with adults	Rarely	Sometimes	Usually	Always
Cooperation of Parents/ Guardians	Poor	Fair	Good	Outstanding

PLEASE CIRCLE WORDS WHICH DESCRIBE THE CHILD

Passive Vivacious Good-humored Friendly Well-liked Aloof Forthright
Sociable Aggressive Sullen Shy Stubborn Cheerful Self-centered
Poised Nervous Irritable Persistent Easily discouraged
Influential (wholesome, unwholesome)

PLEASE COMMENT ON THE CHILD'S ACADEMIC ABILITY

Able to correctly grasp a pencil	Yes	No		
Able to write own name	Yes	No		
Able to recognize letters	None	Few	Most	All
Knows letter sounds	None	Few	Most	All

Able to count by ones to _____ Able to recognize numerals _____to_____

Comments: _____

_____

Teacher Name (please print): _____

Teacher Signature: _____ Date: _____

Name of Preschool/Child Care Center: _____

Mail directly to: Pali Preschool
467 N. Judd Street
Honolulu, HI 96817

Email to: info@palipreschool.com