



Eulalie's Garden, CDC @ St. Ignatius School

3330 SE 43rd Avenue
Portland, OR 97206
Telephone: 503-774-5533
Fax: 503-788-1134

Principal: Kelli Clark
Website: www.sispdx.org
Email: school@sipdx.org

Pre-Admission Assessment Application

Child's name _____ Home phone _____ Cell phone _____

Birth date _____ Current age _____ Email addresses _____

Mother's name _____ Father's name _____

Child's living arrangements _____

Residence address _____

Preferred enrollment 5 days 3 days

Circle the days in which you are interested in: **M Tu W Th F**

Are you interested in our before and after school program? AM _____ PM _____ Both _____

Are you a member of St. Ignatius Parish? _____ Other Parish? _____ (parish name)

Please list children currently attending St. Ignatius Parish School: _____

How did you find out about St. Ignatius Preschool? _____

Please describe your current care/preschool arrangements: _____

Developmental History

Walked at _____ months/began speaking at _____ months/potty trained at _____ years

Has your child been under regular supervision of a physician? _____ Date of last exam _____

Illness History

Please list any severe illnesses, injuries or accidents including date:

Daily Routine

Wake up time _____ Nap time (including duration) _____ Bed time _____

Testing History

Has your child ever undergone cognitive (psych.) testing? _____ If so, please explain

Other testing (e.g. speech/language, fine/gross motor skills, etc.) _____

Parent Questionnaire

What is the most important thing you are searching for in a Preschool for your child? _____

Would your child sit for 5-10 minutes to participate in a project and/or circle time? Yes _____ No _____

What is your philosophy regarding discipline? _____

How does your child deal with separation? _____

Are there any limitations which would prohibit your child from fully participating in an active, educationally structured program? _____

How does your child handle frustration? _____

Can your child verbally communicate their wants and needs? _____

What is your child's best quality? _____

Has your child been referred to special education or diagnosed as having special needs? Explain:

Does your child have a documented history of behavioral/emotional problems? _____

How did you hear about St. Ignatius School?

- Current Family (Family Name: _____) Flyer in local business (Where? _____)
- Print Advertising (Where? _____) Radio Ad
- Website Reader Board Facebook Other _____

It is our mission to provide a safe and happy environment for all of our children, and it's important that all students possess self-respect, respect for others and a good sense of being. We work in partnership with our parents to ensure all goals (both parent and facility oriented) are being met. This assessment allows us to get a good sense of your child's ability and maturity, as well as the parents' views and philosophies about what is important to them in their child's development. By signing below, you are confirming that you have answered all questions truthfully.

Parent Signature

Date

Parent Signature

Date

Please return to the St. Ignatius School office upon completion. Thank you.