



# *Eulalie's Garden, CDC*

## *@ St. Ignatius School*

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

Website: [www.sispdx.org](http://www.sispdx.org)  
Email: [school@sispdx.org](mailto:school@sispdx.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 (MWF)

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, along with \$30 application fee, upon completion. Thank you.*