

## **Merville Campus**

48 Calcutta Street
Merville Paranaque City

Tel no: 828-8380

admin @creative learning paths. edu. ph

## PRESCHOOL-KINDER-LOWER SCHOOL

School Application Form

	Last	First	Middle	Nickname
Address		City	Nationality	Date of Birt
Second Address (if Applica	able)	City		Age
Gender: Male	Program Applyi	ing for: Toddlers (1.6-2's)	Grade	1 (6yrs.old)
Female		Preschool (3's and 4's)	Grade	2
Religion:		Kinder (5 by June)		
		Pathways Program (Hom	neschool)	
		Gra	ade ievei	
			ade level	
Diagnosed with special	needs?Yes	Gra SPED (FLEX Program) No if Yes, Indicate diagnosis_		
		SPED (FLEX Program)		
		SPED (FLEX Program) No if Yes, Indicate diagnosis_		
Is the child adopted?	YesNo if Y	SPED (FLEX Program) No if Yes, Indicate diagnosis_ YES, What year and age was he/		
Is the child adopted? Parents/Guardian	YesNo if Y	SPED (FLEX Program) No if Yes, Indicate diagnosis_ YES, What year and age was he/		
Is the child adopted? Parents/Guardian	Yes No if Y	SPED (FLEX Program)No if Yes, Indicate diagnosis_ /ES, What year and age was he/  Home Phone Occupation	/she adopted?	
Parents/Guardian Mother's Name: Place of Employment	YesNo if Y	SPED (FLEX Program)No if Yes, Indicate diagnosis_ /ES, What year and age was he/ Home Phone Occupation	/she adopted? Cell Phone	
Parents/Guardian Mother's Name:  Place of Employment EMAIL:	YesNo if Y	SPED (FLEX Program)No if Yes, Indicate diagnosis_ /ES, What year and age was he/ Home Phone Occupation	/she adopted? Cell Phone	

Place of Employment  EMAIL:    Place of Employment	L	egal Guardian:		
Family/Home  Siblings Age School/Grade Level  List other adults living with you other than the immediate family.  Name of Adult Date of Birth  What is the Language used at Home?  Second languages or other languages the child is exposed to:  Child's Growth & Development  1. Problems during birth/ growth & development:  2. Is there history of learning problems/developmental delays/issues in the family?  YesNo  3. General health at present: poor fair good  4. Surgery, Major Illness, childhood diseases, high fevers, ear infections, injuries, operations. Give age of child with each  5. Allergies:  6. Is your child now receiving regular medication of any sort? Yes No  Name of Medication: Dosage:  7. Describe handicaps/ or chief problems if any? :  8. Have you ever sought consult (with a developmental pediatrician, psychologist, psychiatrist, Speech or Occupational Therapist) for your child?  9. Has your child been recommended for further evaluation?  10. Has your child therapy, Psychotherapy, Counseling, etc  11. If your child attended school or had private tutoring and/or therapy, fill in the following:			Home Phone	Cell Phone
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## **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	
Motor Skills	Age Expected	Age Acquired	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	5:0	
Feeding self	1:0		of unfamiliar words		
Dressing self	3:0-5:0				

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

V. Parenting and Schooling:			
My Child spends most of his/her time with : _	parent/s	nanny/caregiver	other relatives
	Siblings	Friends	
Check one: I/we believe in establishing	routine. Or I,	/we believe routine should I	be flexible and allows for a lot of
changes according to our own activities (parer	nt's work/ career, f	amily activities, etc.,)	
My child follows this routine at home: wake u	p time:	bed time:	
Morning activities:			
Mid-morning activities:			
Activities after lunch:			<del></del>
Afternoon activities:			
Night time or routine after dinner:			
I/ We believe in this/these (one or more) type	s of discipline prac	tices:	
Spanking time out f			ong grounding
Verbal reprimanding specify			
For each of the ff. pairs of statements, choose	the more domina	nt statement to describe yo	ur beliefs:
I/We believe children should be drilled		•	
I/We believe children should be given n	nore time to learn	on their own and explore th	neir surroundings.
I/We believe children should be given h	omework at least	three up to five times a wee	ek.
I/We believe children should continue t	heir learning at ho	ome through guidance and i	nteraction with knowledgeable adults.
I/We believe children should learn first	y, how to socialize	and interact properly, seco	ndly, academics.
I/We believe that in order to be excelle			
I/We believe in partnering with the sch	ool to help our chi	ld have a happy and success	sful school life.
I/We believe it is the school's sole response	onsibility to enable	our child to learn academic	c concepts.

	e-typical learners and learners with special education needs
interact and learn from each other.	
i/ we believe that learners with special education needs na included in a regular classroom.	ive to be segregated in special education schools rather than
mended in a regular classroom.	
I/We believe children should learn about peace building, co	onflict resolution and non-violence as early as possible.
I/We believe peace and socio-civic issues are too abstract of	or not applicable in my child's life context.
I/We believe it is necessary for children to learn about way	s to save the environment.
I/We believe caring for the environment is still too difficult	for our/my child to practice.
(For Filipinos)	
	nd to speak Filipino in order to widen their understanding of
themselves their own identity's role in the world	
I/We believe children should learn to speak English first be	cause it is regarded as a global language.
GOALS FOR MY CHILD:	
I certify that all the above information on this student's app	olication form is true and correct to the best of my
knowledge.	,
Parent's Signature	Date
	RECEIVED BY:
	0.5
	CLP representative's
	INITIALS:
	DATE:
	DATE.