



Spuyten Duyvil

P R E S C H O O L

3041 KINGSBRIDGE AVENUE, BRONX, NY 10463 TEL 718 549 1525 FAX 718 884 0667 information@spuytenduyvilpreschool.org

ADMISSIONS POLICY: The School is open to all pre-school children. Transportation arrangements to and from the school are the responsibility of the child’s parents. Size of enrollment is determined by Health Department regulations. Readiness of the child for nursery school experience and understanding and commitment of the parents to the functions of a cooperative are considered very important, but the welfare and composition of the group as a whole are the final determinants of acceptance. Decision on admission is made by the Admission Committee of the Advisory Board.

PARENT RESPONSIBILITIES IN THE COOPERATIVE:

1. Administrative – Services on one or more committees of the school, actual participation in school during the year for children’s trips, housekeeping, maintenance and the opening or closing of school, as well as assistance in fundraising.
2. Educational – Cooperation with the school’s educational policies, including, but not limited to parental support of the child’s participation in all aspects of the program. In parent-teacher conferences at regular intervals the progress of the individual child is discussed. The purpose of all meetings is educational and attendance at parent meetings is obligatory.
3. Financial – Assumption of a firm contractual obligation for a full year’s fee. The school is a non-profit cooperative in which members share responsibility equally. Every family helps in the annual Fund Drive.
4. Health – Compliance with the New York City Health Department’s requirements for physical examination, vaccination, immunization and wit the school physician’s regulations on contagious diseases.

I have read the above statement and find these parent responsibilities both possible and acceptable. I therefore ask that my application be considered and that interviews be arranged for us and our child.

Signed _____
Date _____

Please return with non-refundable application fee of \$25.00. Make checks payable to “Spuyten Duyvil Preschool”. The application fee is applied to the regular budget. The fee is necessary only to reserve space in our private program. For Universal Pre K ONLY, please use our [Request for Future Admissions](#) form.

CHILD _____

Please let us know what you expect to register for next year. You are not bound to these plans, but it will help us be able to plan for the upcoming year.

What schedule are you planning to register for?

_____ 5 mornings/week 9am -12

If less than 5 mornings, how many? _____

Do you know what days that might be? _____

Will you need extended time?

_____ early drop-off

Lunch Bunch:

_____ to 2:30 _____ to 4:00 _____ to 5:00 _____ to 6:00

Comments:

Your replies to the following questions will be considered confidential.

Application for enrollment for school year beginning September

Name of child _____ Name usually called _____

Birth Date _____ Sex _____ Adopted: Yes _____ No _____ Age: _____

(If Yes) What if anything, has your child been told about adoption?

Home Address _____ Zip _____

Phone _____ Email _____

Father's Name _____

Father's Occupation _____

Father's Business Address _____

Phone _____ Email _____

Mother's Name _____

Mother's Occupation _____

Mother's Business Address _____

Phone _____ Email _____

Brothers and Sisters:

Name	Age	Sex	School Experience

Any unusual home situation and what has your child been told relative to this?

Pediatrician _____

Address _____ Phone _____

How did you hear of our school?

EXPERIENCE AND BEHAVIOR

1. Where has your child lived since birth?
2. What adults care for him/her at present? Have there been many changes?
3. What is your child's typical response to being left with someone other than parents?
4. Activities your child enjoys most?
5. Describe type of play, i.e., shy, assertive, expressive, alone, with others, etc.
6. Has he/she had any other group experience?
7. What circumstances cause him/her to be upset, frightened or to become concerned and how does he/she react?
8. What helps to reassure him/her?
9. What fears does your child have at present?
10. What has been a more successful method of setting limits?

DEVELOPMENTAL HISTORY

1. Are there any circumstances relating to your child's birth and early development of which you feel we should be aware? _____
2. Full term? _____ Premature _____ Birth Weight? _____
3. Age your child crawled _____ Age your child walked _____
4. What adjectives best describe your child as an infant? _____
5. Age your child started speaking? _____ What do you consider most characteristic about speech now? _____
6. Allergies? _____ Attitude toward food? _____
7. How is toilet training progressing? _____
8. What is your child's sleeping pattern? _____

FAMILY HISTORY

1. Has your child or any member of family been ill, involved in an accident, injured or hospitalized for any reason? (a) what was your child told? (b) What was your child's reaction?

2. Any deaths in immediate family? (a and b as in #1 above).

3. What do you feel have been your child's most difficult experience?

4. What do you hope your child will gain from this school experience?

5. Please add any further information you want us to have.

Signature

Thank you for the time and thought you have given to this questionnaire.