

# The Community School of Mount Desert Island



## Forest Kindergarten Application 2023/2024

Child's full name: \_\_\_\_\_

Name that child prefers to be called: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Languages Spoken at Home:

### Caregiver's information:

Are current caregivers the legal guardians of the child?

Who has primary custody of the child?

Name: \_\_\_\_\_

Pronouns:

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Name: \_\_\_\_\_

Pronouns:

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

## Parent information:

Parent 1 name:

Parent 2 name:

Pronouns:

Pronouns:

Parent 1 Deceased \_\_\_\_\_

Parent 2 deceased \_\_\_\_\_

Parents Separated \_\_\_\_\_

Parents Divorced \_\_\_\_\_

Parent 1 Remarried, Stepparent's Name: \_\_\_\_\_

Parent 2 Remarried, Stepparent's Name: \_\_\_\_\_

Is there any further pertinent information we should know about the child's parent(s)/caregiver(s)? \_\_\_\_\_

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## **Child information**

Please briefly describe your child (this may include any interests, temperament, personality, behavior patterns).

Please describe your child's social relationships (to their peers, adults, siblings, etc).

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Please describe your child's general health. Does your child have any medical needs that we should be aware of?

Has your child ever received supportive services; academic, emotional, physical, family or otherwise? Are there any aspects of your child's development where you have questions or concerns?

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What is your child doing when they are most happy? What kinds of activities do they not enjoy or struggle with?

## **Family Information**

Number of Children in the Family: \_\_\_\_\_

Name, Age, and School of Siblings:

1.

2.

3.

4. \_\_\_\_\_

Are there other members of the household? Name and role/relationship:

\_\_\_\_\_



Please describe your child’s home environment. This may include any activities you do as a family, how you approach discipline, how you experience media, how you spend free time together, balance work schedules, etc. (Feel free to use additional pages).

## Forest Kindergarten Parent/Caregiver Questionnaire

Child’s name:

Date:

Child’s age (years & months):

Form filled out by:

Relationship to child:

Please note that we do not expect all of these skills and behaviors to be honed at this point in the child’s development. The results of this questionnaire are meant to give us a glimpse into areas of the child’s current development at the time of the application and do not solely determine readiness or admittance.

<b>Task/Feeling/Behavior</b>	<b>Most of the time</b>	<b>Sometimes</b>	<b>Rarely/ never/ not yet</b>
Buttons and zips clothing without help			
Gets dressed without help			
Ties shoes without help			
Puts each shoe on correct foot			
Participates in daily routines or chores			
Brushes teeth without help			
Blows and wipes nose without being asked			
Takes care of bathroom needs independently			
Washes and dries hands when needed			

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Wets or soils pants			
Wets bed			
Independently washes during bath or shower			
Picks up after self without being asked			
Wakes up and needs help going back to sleep			
Uses a fork, a spoon, or chopsticks correctly			
Spills food or drink when eating			
Unscrews bottle caps without help			
Opens snack or lunch containers without help			
Pours from a small can, carton or jar without spilling			
Pours dry cereal and milk into bowl without spilling			
Can follow safety rules (stays away from hot oven, fire, etc.)			
Acts without thinking (runs into the street without looking both ways, etc.)			
Wanders away from you in public places			
Responds to and makes verbal greetings at appropriate times (says "hi" or "good morning" if prompted by familiar person)			
Cooperates with peers during play			
Solves problems by negotiating with peers rather than hitting, pushing, or biting (taking turns, sharing, etc.)			
Uses kind words with others			
Asks before using other people's things			
Breaks things (toys, other objects, etc.) on purpose			
Exhibits impulse control and self-regulation (uses appropriate words to show anger when a toy is taken by another child and shows some patience when waiting for their turn)			
Has tantrums (stamps feet, screams, etc.)			

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Argues when denied their own way			
Makes transitions easily (moves easily from one activity to the next when asked, etc.)			
Understands and follows two step directions			
Speaks in complete sentences			
Interrupts others when speaking			
Smiles or laughs when something is funny			
Knows when people are happy or sad			
Shows concern for someone who is crying			
Stays calm when things do not go as planned			
Admits when they have made a mistake			
Blames others when bad things happen			
Shows pride in doing something well			
Gives up easily			
Whines or pouts			
Goes to bed easily			
Seems afraid of many things			
Clings or hangs on to you			

## Current and Previous Schooling information

Is your child currently enrolled in preschool or childcare?:

If so, where?:

Contact information of preschool/caregiver:



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**If applying for a child who will be 5 years of age by October 15, 2022,**  
has your child completed a Kindergarten screening?

If yes, where?

Date of screening: \_\_\_\_\_

Please check here if your child is currently home schooled:

Please describe your child's relationship to their preschool experience:

What do you hope your child will gain from attending The Community School?

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Is there anything we have not asked about your child and/or family that would be important for us to know upon receipt of your application and in preparation for your visit?



## Will you be applying for Financial Aid?

Yes       No

Please refer to “Sweet Fern Forest Kindergarten Admissions Process and Instruction” and “Paying for The Community School” document for Financial Aid details.

## Acknowledgement

- I recognize that this application is not a guarantee of enrollment and that all information stated in the application is accurate to the best of my knowledge.
- I grant The Community School permission to contact my child’s current and/or former teacher(s) and staff of their current and/or former school(s) for further information, if needed, including current records.

Caregiver Signature: \_\_\_\_\_ Date \_\_\_\_\_

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this application and the \$40 fee to:

The Community School of Mount Desert Island  
585 Sound Drive  
Mount Desert, ME 04660

All checks made out to *The Community School of Mount Desert Island*,  
with your child’s name in the memo.

We will send you an email confirmation when we receive your application  
materials and to schedule a visit.