

Welcome to Pali Preschool!

Thank you for choosing to apply at Pali Preschool for your child's educational foundation.

To apply your child to our school simply fill out our Student Application and turn in the application fee of \$50.00. Payments for the application fee must be made through a personal check or money order. Those that submit their application by September 30th will be considered for the first round of applicants. Applications will be accepted after September 30th and until classes are filled.

Following receipt of the application & fee, we will reach out to you to schedule your child's individual assessment. The assessment is an opportunity to better acquaint ourselves with your child and his/her abilities. After reviewing your child's assessment and developmental history, you will be notified of his/her acceptance via email.

Pali Preschool seeks future students that are ready to begin either on the first day of school or at the time of availability. Tuition is an annual tuition and parents are given the opportunity to either pay in full or in monthly installments. Because tuition covers the financial needs of the school (personnel and business expenses) Families looking to enroll their child after the school start date must either pay tuition from the first day of school or remain on the active waitlist until a future opening becomes available.

If you have any questions about Pali Preschool please feel free to contact us by phone at (808) 523-6495 or by email (info@palipreschool.com).

Thank you again for choosing Pali Preschool!





Pali Preschool Student Application

467 North Judd Street, Honolulu, HI, 96817
Phone (808) 523- 6495, Fax (808) 537 - 5780

A non-refundable application fee of \$50.00 must be submitted with application

Date of Application: _____

Desired School Year: _____

Applicant Information:

Student's Name _____ Nickname _____

Address _____
Number and Street City State Zip

Contact Number _____ Child's Birthday _____ () Male () Female

Name of siblings who previously attended Pali Preschool: _____

Parent/Guardian Information:

Dr Mr. Mrs. Ms.

Dr Mr. Mrs. Ms.

Name

Name

Cell Phone Number

Cell Phone Number

Email Address

Email Address

Employer

Employer

Occupation Work Phone

Occupation Work Phone

Parents'/Guardians' Status: Married Single Divorced Other _____

Who has physical custody of the applicant? _____
Name(s) Relationship

Current Preschool/Child Care Center/Provider: _____ Dates Attended: _____

How did you hear about Pali Preschool? _____

Why did you choose Pali Preschool for your child? _____

What do you see as your part in your child's education? _____

Has your child ever been tested by the DOE or other agencies? () Yes () No Date of testing: _____

What were the results? (Please provide us a copy of the results) _____

May we have permission to contact your child's current teacher/provider? () Yes () No

Parent/Guardian Signature & Date

Parent/Guardian Signature & Date

For Office Use Only

Visitation Date _____

Check No. _____

Assessment Date _____

Pali Preschool
Child's Developmental History

The Information shared will assist the teachers in understanding and helping your child. All information will be kept strictly confidential.

Child's Name _____ **Date of Birth** _____

"Nickname" _____

HOME LIFE

1. Parent/Guardian First & Last Name _____

2. Parent/Guardian First & Last Name _____

Who does the child live with? _____

Any siblings? If yes, please list name(s) & ages

Has the family made any moves or major changes within the last three years?

What language(s) is spoken at home and to what extent? _____

SCHOOL LIFE

Has your child ever attended daycare, another preschool or been in a preschool setting? If so, please indicate which program and the reason for the change.

Describe your child's attitude towards learning.

We are a Christian Preschool. Do you have any objections to your child being exposed to spiritual development? _____

What are your plans for your child for Kindergarten?

PROFILE OF THE CHILD

What are your child's strengths? _____

What are your child's weaknesses? _____

Describe your child's general personality _____

Does your child usually nap? ()Yes ()No

Any problems or special needs connected with sleep? _____

Does your child have any certain habits? _____

List any definite fears/stressors _____

Does your child have any particular interests? _____

Bedtime: _____ Wake up time: _____

Is your child potty trained DURING THE DAY? () Yes () No

Is your child potty trained DURING THE NIGHT? () Yes () No

Any regression in potty training? What triggered it? _____

How independent is your child (i.e. dressing himself/herself, putting on footwear, feeding self with utensil, etc.)?

Is your child able to understand and follow one step directions? () Yes () No

Is your child able to separate from parent/caregiver with minimal disruption? () Yes () No

How is your child disciplined at home? How does your child respond?

What goals do you have for your child while in preschool? _____

Why would Pali Preschool be a good environment for your child? _____

Is there anything else about your child you would like to share with the faculty that would be helpful in helping to better know, understand and work with your child? (His/her personality, temperament, "unique" behaviors, etc.)



Pali Preschool Teacher Reference Report (Confidential Report)

Child's Name: _____ **Birthday:** _____

Parent/Guardian: Please have your child's current teacher/child care provider complete this report. Information on this report is confidential and will not be shared beyond the admission committee.

I agree to have this form completed by my child's former provider. In addition, I give Pali Preschool permission to contact my child's former teacher/child care provider to discuss any questions Administration may have.

Parent/Guardian Signature: _____ **Date:** _____

Please Circle the Appropriate Rating(s):

Self motivation	Does very little Some desire to learn	Only that required Well motivated	Set high goals
Intellectual curiosity	Limited Strong and varied	An occasional spark Intense and varied	One area only
Ability to work in a group	Has great difficulty Usually effective	Sometimes unable to cope Always works well with others	
Ability to work alone	Needs much supervision Needs help occasionally	Needs help frequently Always works well	
Ability to express ideas Orally	Limited Good	Has some difficulty Exceptionally good	
Use of time	Uses poorly Usually uses well	Occasionally wastes Always uses effectively	
Follows directions	Needs explanation Quickly and correctly	Occasionally needs help	
Seeks help when needed	Rarely Usually	Occasionally Always	
Attention span	Easily distracted Usually good	Occasionally distracted Exceptionally good	
Maturity in terms of age	Very mature Above average	Somewhat mature Very mature	Normal
Consideration of others	Thoughtless Usually considerate	Seldom considerate Always considerate	
Social adjustment	Has serious problems	Has frequent minor problems	
With peers	Very healthy	Has occasional minor problems	

Leadership potential	A follower A natural leader	Leads when put in position Seeks opportunities and uses them well		
Initiative	Never initiates Occasionally initiates	Rarely shown Frequent display		
Classroom conduct	Negative instigator Usually good	Occasionally disrupts Always good		
Emotional stability	Insecure Attention giver	Overly tense Stable		
Personality	Withdrawn/shy Pleasing	Overly aggressive Unusually interesting	Delightful	
Self confidence	Needs much reassurance Needs some support	Appears overly confident Healthy self-image		
Takes responsibility for Actions	Rarely	Sometimes	Usually	Always
Cooperates with adults	Rarely	Sometimes	Usually	Always
Cooperation of Parents/Guardians	Poor	Fair	Good	Outstanding

PLEASE CIRCLE WORDS WHICH DESCRIBE THE CHILD

Passive Vivacious Good-humored Friendly Well-liked Aloof Forthright
 Sociable Aggressive Sullen Shy Stubborn Cheerful Self-centered
 Poised Nervous Irritable Persistent Easily discouraged
 Influential (wholesome, unwholesome)

PLEASE COMMENT ON THE CHILD'S ACADEMIC ABILITY

Able to correctly grasp a pencil Yes No
 Able to write own name Yes No
 Able to recognize letters None Few Most All
 Knows letter sounds None Few Most All
 Able to count by ones to _____ Able to recognize numerals _____ to _____

Comments: _____

Teacher Name (please print): _____

Teacher Signature: _____ Date: _____

Name of Preschool/Child Care Center: _____

Mail directly to: Pali Preschool
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 Honolulu, HI 96817

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