

ECD CAMPUS 48 Calcutta Street Merville Paranaque City Telefax 8828-8380 admin@creativelearning paths.edu.ph

## EARLY CHILDHOOD (PRESCHOOL, KINDER, LOWER SCHOOL)

School Application Form

	Last	First	Mid	dle	Nickname	
Address		City			Date of Bir	
				Nationality		
Second Address (if A Present Early Childh Who Referred you t	Applicable) lood Program/School (if any)_ o CLP School?	City			Age	
Gender: Male		ing for: Toddlers (1.6-2's)		Grade 1	(6yrs.old)	
Female	Female		Nursery 1 (2's and 3's)			
Religion:		Pre-K (3's and 4's)_ Kinder (5's) SPED (FLEX PROGR/		Grade 3		
Diagnosed with sp	ecial needs?Yes					
Is the child adopte Parents/Guardian	ed? YesNo if	YES, What year and age wa				
		Home Phone		Cell Phone		
Company/ Place of E EMAIL:	Employment	Occupati	on	Busir	ness Phone	
Father's Name:		Home Phone		Cell Phone		
Company/ Place of E EMAIL:	Employment	Occupati	on	Busir	ness Phone	
Legal Guardian:						
		Home Phone		Cell Phone		
Place of Employmer EMAIL:	nt	Occupation		Business Phor	ie	
Family/Home	Siblings	Age		School		

## IV. Child's Growth & Development

<ol> <li>Problems during birth/ growth &amp; development</li> <li>Is there history of learning problems/</li> </ol>				No
3. General health at present: poo		ne ranniy	res	NO
<ol> <li>General health at present pool</li> <li>Surgery, Major Illness, childhood dise with each</li> </ol>	ases, high fevers, ear infections,		tions. Give	age of child
5. Allergies:				
6. Is your child now receiving regular me				
Name of Medication:		Dosage:		
	- 16			
<ol><li>Describe handicaps/ or chief problem</li></ol>	s if any? :			
<ol> <li>7. Describe handicaps/ or chief problem</li> <li>8. Have you ever sought consult (with a</li> </ol>	developmental pediatrician, psyc	hologist, psyc	hiatrist, Sp	eech or Occupational
<ol> <li>7. Describe handicaps/ or chief problem</li> <li>8. Have you ever sought consult (with a Therapist) for your child ?</li> <li>9. Has your child been recommended for</li> </ol>	developmental pediatrician, psy r further evaluation?	hologist, psyc	hiatrist, Sp 	eech or Occupational
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<ul> <li>7. Describe handicaps/ or chief problem</li> <li>8. Have you ever sought consult (with a Therapist) for your child ?</li> <li>9. Has your child been recommended for 10. What is the language used at home?</li> </ul>	developmental pediatrician, psyc r further evaluation? uages is the child is exposed to?_	hologist, psyc	hiatrist, Sp 	eech or Occupational
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## **Developmental Milestones**

Receptive Language Skills	Age	Age	Expressive Language Skills	Age	Age
	Expected	Acquired		Expected	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	2:0		Babbling	0:4-0:6	
the speaker)					
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	Age	Babbles but uses at least 20 single words	1:3-1:6	
	Expected	Acquired	correctly		
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 :			other relatives
	Siblings		uld be flevible and ellows for a let of
Check one: I/we believe in establishing ro changes according to our own activities (parent'			build be flexible and allows for a lot of
My child follows this routine at home: wake up t			
			·
Morning activities: Mid-morning activities:			
Activities after lunch:			
Afternoon activities:			
Night time or routine after dinner:			
I/ We believe in this/these (one or more) types of	of discipline practi	ces:	
Spankingtime out fac			s wrong grounding
Verbal reprimanding specify			
For each of the ff. pairs of statements, choose the	ne more dominant	statement to describ	e vour beliefs:
I/We believe children should be drilled in			-
I/We believe children should be given mo	re time to learn o	n their own and explo	ore their surroundings.
I/We believe children should be given hor	nework at least th	ree up to five times a	a week.
I/We believe children should continue the			
adults.			
I/We believe children should learn firstly,	how to socialize a	nd interact properly,	secondly, academics.
I/We believe that in order to be excellent	, children should b	e immersed in acade	mic work as often as possible.
I/We believe in partnering with the school	l to help our child	have a happy and su	ccessful school life.
I/We believe it is the school's sole respon	sibility to enable c	our child to learn acac	lemic concepts.
I/We believe in the inclusion philosophy v	vhere both neuro-	typical learners and I	earners with special education needs
interact and learn from each other.			
I/We believe that learners with special ed	ucation needs hav	ve to be segregated ir	n special education schools rather than
included in a regular classroom.			
I/We believe children should learn about	peace building, co	nflict resolution and	non-violence as early as possible.
I/We believe peace and socio-civic issues	are too abstract o	r not applicable in my	y child's life context.
I/We believe it is necessary for children to	learn about ways	to save the environr	nent.
I/We believe caring for the environment i	s still too difficult	for our/my child to p	ractice.
(For Filipinos)			
I/We believe children should learn about	the Philippines an	d to speak Filipino in	order to widen their understanding of
themselves their own identity's role in the world			C C
I/We believe children should learn to spe		ause it is regarded as	a global language.
Goal/s for my/our child's schooling:			
I certify that all the above information on th	is student's appl	ication form is true	and correct to the best of my
knowledge.			
			RECEIVED BY:
Parent's Signature		Date	CLP representative's INITIALS:

Notes:

Recommended Placement:

Signed by

Date Today