



St. Catherine of Siena Preschool



Home to School Connection

Parent/Teacher Connection Conference

Child's Name: _____ Class: Preschool / Pre-K Date: _____

Nombre del/a niño/a:

clase

Fecha

SC/FTF- Developmental Screening Checklist -CDC/AQS/AQS-SE/____, FTF-Inclusion: _____, FTF-Smart Support: _____,
SC/FTF-Parent In-Put- Child development home background; _____

By initialing here you state that you have been given the following information:

- | | | |
|--|--|-----------------------------------|
| _____ R9-2-105 Sign Procedures | _____ SCPR- Attendance &Tardy Policy | _____ SCPR -Dress Code Policy |
| _____ R9-5-515 Illness & Infestation | _____ R9-5-307 Child Abuse | _____ SCPR-Celebration Policy |
| _____ R9-5-517. Transportation | _____ SC/FTF Preschool Curriculum /Parent In-put | _____ SCPR-Lion's S.H.A.R.E |
| _____ SCPR- No After School Care for Preschool | _____ SCPR-Orientation | _____ SCPR-Hand book -Read & Sign |

Check (✓) required information needed BEFORE the beginning of the first day of school on: _____ Time: _____ Completed (X) information.

- | | |
|--|--|
| _____ R9-5-304.B Birth Certificate | _____ SCPR-Baptismal Certificate |
| _____ R9-5-304.B Home address and phone | _____ R9-5-305. Updated shot record |
| _____ R9-5-304.B- (4) Emergency contacts Name & Phone | _____ SCPR-Photo & video form |
| _____ R9-5-304.B Health provider-DR. - phone and address | _____ SCPR-School Supplies |
| _____ SCPR-Change of clothes (labeled) | _____ SCPR- Parent Responsibilities form |

*Does child have any ALLERGIES? Check (✓) Yes No. If yes child need a doctor note with allergies before first day of school.

List Allergies (_____)

Parents In-Put-Plan of Action form- (if applicable)

Information about your child's development and accomplishments: Transition from home to school-How you preparing your child in transitions from home to school? (Example: change schedule, books, talk about home to school) (Self-help) Potty trained- NO PULL-UP, able to use bathroom on their own, dress themselves, do they take naps, able to verbalize needs. What do they know: recognize name, numbers, colors, shapes, counts, write name, draws. Able to share, what method do you do to calm your child when upset, name that they respond to, help with chores, hobbies, celebrations, how they feel about going to school, will child cry, some likes/dislikes, do they have a pets,etc.) _____

3 Home School Goals: / 3 Metas del Hogar – Escuela:

1.
2.
3.

IEP Goals (if applicable)

Home Activities that can help child meet goals at home: / Actividades que puedan ayudar al niño/a con metas en su casa:

1.
2.
3.

(Teacher should give examples of things that can be done to meet the home school goals at home.)

Parent/Guardian: /Padre/Madre/Guardian: _____ Date: _____ Teacher(s): /Maestra: _____ Date: _____

This documentation is copied and given to Parent's and original is in the Child File

St. Catherine of Siena Preschool

Child Development Home Background

Parent in-Put

Child's Name: _____ D.O.B.: _____ Age: _____

Parent/Guardian completing this form Signature: _____ Date: _____

This confidential form is to help our Preschool/Pre-K staff support the growth and development of your child while creating safe and healthy environment for all children. By providing complete information about your child you will be assisting us in creating a positive experience for your child while in our care. This form completed before a child's first day of attendance.

Instructions: Complete this form in detail.

1. Has your child attended child care in the past? No ___ Yes ___
2. If yes, what type of setting(s) was your child in? (Family child care, group care, etc.) _____

3. How does your child feel about coming to preschool? _____
4. How will you prepare and get your child ready to transition into preschool? (Bedtime schedule, clothes laid out, morning routine, discuss naptime, brings a lunch – with fruit and vegetables etc. _____

5. Does your child prefer to play alone or with other children? Alone ___ Other children ___
6. What is your child's current sleep schedule? _____
7. Does your child fall asleep easily? No ___ Yes ___ How do you know when your child is tired? _____
8. How long does your child sleep? _____ What is his/her mood upon awakening? _____
9. Is your child completely potty trained, including dry at night? Yes ___ No ___ **We Expect Each Child To Be Potty Trained And Quite Independent Regarding Bathroom Routines. (NO Pull-Up)**
10. What are some of your child's favorite activities and interests? _____
11. Special things you say or do to comfort your child are: _____
12. **How do you know when your child is:**
 Happy _____ Sad _____
 Mad _____ Scared _____
 Worry _____ Frustrated _____
13. **How does your child react when:**
 Something unexpected happens _____
 Something happens he/she doesn't like _____
14. Does your child have any health issues? No ___ Yes ___
 If yes, please explain _____

St. Catherine of Siena Preschool

Child Development Home Background

Parent in-Put

Child's Name: _____ D.O.B.: _____ Age: _____

Parent/Guardian completing this form Signature: _____ Date: _____

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Instructions: Complete this form in detail- CONTINUE.

15. Is your child allergic to any food? No ___ Yes ___ If yes what are they? _____

(Note Must Be Provided From Child's Doctor before Child's First Day of School)

16. What are some of your child's favorite food? _____ What does your child dislike? _____

17. Has anything happened recently in your child's life that might have an effect on him/her? No ___ Yes ___ If yes,

Please explain: _____

18. Are you concerned with any of the following?: (insert Yes or No) (if concerned explain)

Temper Tantrums _____	Aggressiveness _____
Cries easily _____	Reaction to Authority _____
Moody _____	Drink from a bottle _____
Nail Biting _____	Thumb Sucking _____
Overly Dependent _____	Timid _____
Easily discouraged _____	Blinking _____

19. Has your child ever received an assessment or evaluation (medical, neurological, psychological, or educational)? If so, by whom? _____ If yes, please describe and attach results. _____

20. What language does your child speak? _____

21. What language does your child speak to family members? _____

22. What language do family members use when speaking to the child in the home? _____

23. Describe your family's traditions and culture _____

24. Does someone in the family read to your child regularly? (At least three times a week?) _____

25. Events at home often influence a child's behavior, for example: changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide special attention, understanding, and care that your child needs. _____

26. Is there anything else you would like to share about your child that you feel would help us guide or assist your child _____

PARENT'S PARTICIPAATION AND RESPONSIBILITIES

Child's Name: _____

Date : _____

I understand St. Catherine Preschool is a Parent Participation Program. It is my Responsibility to fulfill the following:

1. I understand that daily attendance is required. If my child is ill or cannot attend, I will call the Preschool/Pre-K that morning. I understand that in cases of excessive absences, my child's position in our program (Scholarships) *Initials:* _____
2. I will bring my child to school at the scheduled starting time every day and pick him/ her up promptly at dismissal time. After having **(3) Three Tardies** that is equal to one day of absent. *Initials:* _____
3. I am responsible to notify St. Catherine Preschool/Pre-K with all documents required of any changes in my application, job, address, phone, emergency contacts and current email. *Initials:* _____
4. I will communicate with designate person(s) that are on emergency contact, that they must have **picture ID to pick -up** your child. *Initials:* _____
5. I will ensure that my child is up to date on all required immunizations to begin and remain in the St. Catherine Preschool /Pre-K program. This includes receiving a TB skin test if they haven't received one since their 4th birthday. *Initials:* _____
6. I will have my child with **school colors in uniform**, sweater, accessories, undershirts, socks, **VELCRO ONLY** shoes (**No Laces**), P.E. uniforms. *Initials:* _____
7. I will provide extra set of clothes (red, white and black school colored clothes, NO leggings/NO tank tops). *Initials:* _____
8. **CHILD MUST BE POTTY TRAINED – (NO Pull-Up)**: I will pick up my child in condition urination or soiled underpants. After three (3) incidents this may be considered child is not potty trained, and may ask for them to withdrawal until your child is fully potty trained. *Initials:* _____
9. Everyday your child will take home a red/black folder containing information about their behavior, reading log and calendar for the week. **Parents are responsible to return the folder daily.** (This is our source of communication between parent and teacher) *Initials:* _____
10. I will sign up for **RenWeb** to receive all school information and check emails and child folder for any Preschool/Pre-K upcoming events. *Initials:* _____
11. I will have (2) Conferences with the teachers during the year. *Initials:* _____
12. I will follow the St. Catherine Preschool/ Pre-K To Bring (10) **TEN FACE MASKS** for my child for the years. *Initials:* _____
13. I will follow the St. Catherine Preschool/Pre-K "NO Bringing **Food or Toys** from Home" Policy. *Initials:* _____
14. I will follow the St. Catherine Preschool/Pre-K "Celebration" policy. (*Christmas/Valentine/End of the year*) *Initials:* _____
15. If I provide a lunchbox for my child, I will assure that the lunch be a healthy lunch. Guidelines state for lunch boxes to have a sandwich or protein (chicken, fish, beef etc.) must have a serving of **FRUIT AND VEGETABLES**, and other food items- yogurt, non-sugar pudding, cheese sticks, pretzels, etc., Drinks **MUST** be-water or 1% or 2% milk **ONLY. (NO JUICE) (NO fast food, chips, cookies or candies fruit -roll-up).** *Initials:* _____
16. Parents are responsible to seek out information & procedures regarding The Lion's S.H.A.R.E. (SCRIPTS) and Fiesta. **For more information Email- lionshare@stcatherinephoenix.org.** *Initials:* _____
17. Confidentiality must be maintained at all times. Anyone that is privy to information or situations pertaining to a preschool child or family is expected to maintain the utmost level of confidentiality and professionalism at all times. Unethical behavior on the part of a parent may result in the removal of their child from the program. *Initials:* _____
18. Parents are required to volunteer at the Preschool /Pre-K or any other school function to maintain a minimum of 20 hours per semester which is equivalent to 40 hours per calendar year. *Initials:* _____
19. Every volunteer will receive a copy of the Diocese of Phoenix Code of Conduct prior to volunteering. *Initials:* _____
20. Every Thursday's each parent will take their own child sheet & blanket to be washed /or a parent will be assigned to take home and wash **ALL** student's sheets and blankets. We ask you to remember to take it home on assigned date given to you. **ALL** Sheets & Blankets (**Must Be Back On Friday**). We appreciate all your support. *Initials:* _____
21. **IMPORTANT: In order for you to volunteer in school and complete your service hours you must complete your "Call to Protect" class.** We will inform you when the first "Call to Protect" class will be scheduled. For more information about the place and time, please feel free to call the School's office at (602)276-2241

I have been informed and understand my responsibilities as a St. Catherine Preschool/Pre-K parents. I will be willing to participate in my children's program.

Parent/Guardian Signature: _____

Date: _____



St. Catherine of Siena Preschool

Address: 6413 South Central Avenue

Phoenix, Arizona 85042

Phone: (602) 276-2241 Ext. 257/254



Sun Screen Permission Slip

I Grant I Deny

Permission for my child to be protected with Sun Screen / Sun Block while playing outside.

I understand that I must provide the, hat, lip balm Sun Screen / Sun Block and that I will label it with my child's first and last name.

Parent Initials _____

Child's Name _____

Parent /Guardian: _____

***Read & Understood each Permission**

Signature _____

Date _____

Unscented Lotion Permission Slip

I Grant I Deny

Permission for my child to use unscented lotion to protected dry hand through the seasons.

I understand that I must provide the unscented lotion and that I will label it with my child's first and last name.

Parent Initials _____

School Campus/Off Campus

I Grant I Deny

Permission for my child to go anywhere on St. Catherine Elementary Campus, such as Office, Nurse, front of school, Cafeteria, Library, Atrium classroom, Court-yard area, school playground, field & basketball courts throughout the whole year for P.E classes & Physical Activities, Field Day. For any needed purpose and for Development. **This includes leaving campus for an emergency (South Mountain Community Center 212 E. Alta Vista Rd.) (602)-262-4874**

Parent Initials _____

Mass Permission Slip

I Grant I Deny

Permission for my child to attend Mass at main church at 6200 S. Central Ave every Friday at 8:00AM and Holy Days of obligation.

Parent Initials _____

Nurse Permission Slip

I Grant I Deny

Permission to receive first aid (band-aids, ice packs & medication when needed) from school nurse or office staff responsible for first aid.

Parent Initials _____

Child's Name: _____



St. Catherine of Siena Preschool



In the beginning of the school year, a developmental screening and behavioral-emotional screening is to be completed for each child who is in the St. Catherine of Siena Preschool program. This needs to be done within the first two months of school. These requirements must be met in order for the St. Catherine of Siena Preschool to be in compliance with the First Things First Standards.

The developmental screening is completed by a St. Catherine Preschool Teacher (s) & Representatives from other licensed agencies that help him/her to understand the child's interest, needs and abilities.

If you have any questions or need further explanation, please contact your Director or Teachers.

Sincerely,

St. Catherine of Siena Preschool Teachers

Parent Initial: _____

Date: _____

Al Comienzo del año escolar, se deberán completar exámenes de desarrollo, y comportamiento-emocional, para cada niño en el programa Preescolar St. Catherine of Siena. Estos exámenes deberán llevarse a cabo dentro de los primeros dos meses del año escolar. Los requerimientos anteriores deberán cumplirse para que el programa pueda estar en total cumplimiento con los Estándares de Desempeño del Preescolar St. Catherine of Siena y el programa First Things First.

Los exámenes del desarrollo serán llevados a cabo por el representante del Preescolar St. Catherine of Siena que ayudan y entienden los intereses, las necesidades y habilidades del niño/a.

Si usted tiene alguna pregunta o necesita más información, favor de ponerse en contacto con su Director o Maestros.

Sinceramente,

Las Maestras de Preescolar St. Catherine of Siena

Iniciales de padres: _____

Fecha: _____

Your Child at 3 Years



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 3rd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- Copies adults and friends
- Shows affection for friends without prompting
- Takes turns in games
- Shows concern for a crying friend
- Understands the idea of "mine" and "his" or "hers"
- Shows a wide range of emotions
- Separates easily from mom and dad
- May get upset with major changes in routine
- Dresses and undresses self

Language/Communication

- Follows instructions with 2 or 3 steps
- Can name most familiar things
- Understands words like "in," "on," and "under"
- Says first name, age, and sex
- Names a friend
- Says words like "I," "me," "we," and "you" and some plurals (cars, dogs, cats)
- Talks well enough for strangers to understand most of the time
- Carries on a conversation using 2 to 3 sentences

Cognitive (learning, thinking, problem-solving)

- Can work toys with buttons, levers, and moving parts
- Plays make-believe with dolls, animals, and people
- Does puzzles with 3 or 4 pieces
- Understands what "two" means
- Copies a circle with pencil or crayon
- Turns book pages one at a time
- Builds towers of more than 6 blocks
- Screws and unscrews jar lids or turns door handle

Movement/Physical Development

- Climbs well
- Runs easily
- Pedals a tricycle (3-wheel bike)
- Walks up and down stairs, one foot on each step

Act Early by Talking to Your Child's Doctor if Your Child:

- Falls down a lot or has trouble with stairs
- Drools or has very unclear speech
- Can't work simple toys (such as peg boards, simple puzzles, turning handle)
- Doesn't speak in sentences
- Doesn't understand simple instructions
- Doesn't play pretend or make-believe
- Doesn't want to play with other children or with toys
- Doesn't make eye contact
- Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

Adapted from Caring for Your Baby and Young Child: Birth to Age 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics. This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

Signature: _____ Date: _____

www.cdc.gov/actearly | 1-800-CDC-INFO



Learn the Signs. Act Early.

Child's Name: _____



St. Catherine of Siena Preschool



In the beginning of the school year, a developmental screening and behavioral-emotional screening is to be completed for each child who is in the St. Catherine of Siena Preschool program. This needs to be done within the first two months of school. These requirements must be met in order for the St. Catherine of Siena Preschool to be in compliance with the First Things First Standards.

The developmental screening is completed by a St. Catherine Preschool Teacher (s) & Representatives from other licensed agencies that help him/her to understand the child's interest, needs and abilities.

If you have any questions or need further explanation, please contact your Director or Teachers.

Sincerely,

St. Catherine of Siena Preschool Teachers

Parent Initial: _____

Date: _____

Al Comienzo del año escolar, se deberán completar exámenes de desarrollo, y comportamiento-emocional, para cada niño en el programa Preescolar St. Catherine of Siena. Estos exámenes deberán llevarse a cabo dentro de los primeros dos meses del año escolar. Los requerimientos anteriores deberán cumplirse para que el programa pueda estar en total cumplimiento con los Estándares de Desempeño del Preescolar St. Catherine of Siena y el programa First Things First.

Los exámenes del desarrollo serán llevados a cabo por el representante del Preescolar St. Catherine of Siena que ayudan y entienden los intereses, las necesidades y habilidades del niño/a.

Si usted tiene alguna pregunta o necesita más información, favor de ponerse en contacto con su Director o Maestros.

Sinceramente,

Las Maestras de Preescolar St. Catherine of Siena

Iniciales de padres: _____

Fecha: _____

Su Hijo de 3 Años



Nombre del niño _____

Edad del niño _____

Fecha de hoy _____

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo cuando cumple 3 años de edad. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué Hacen los Niños a Esta Edad?

En las áreas social y emocional

- Copia a los adultos y los amigos
- Demuestra afecto por sus amigos espontáneamente
- Espera su turno en los juegos
- Demuestra su preocupación por un amigo que está llorando
- Entiende la idea de lo que "es mío", "de él" o "de ella"
- Expresa una gran variedad de emociones
- Se separa de su mamá y su papá con facilidad
- Se molesta con los cambios de rutina grandes
- Se viste y desviste

En las áreas del habla y la comunicación

- Sigue instrucciones de 2 o 3 pasos
- Sabe el nombre de la mayoría de las cosas conocidas
- Entiende palabras como "adentro", "arriba" o "debajo"
- Puede decir su nombre, edad y sexo
- Sabe el nombre de un amigo
- Dice palabras como "yo", "mi", "nosotros", "tú" y algunos plurales (autos, perros, gatos)
- Habla bien de manera que los desconocidos pueden entender la mayor parte de lo que dice
- Puede conversar usando 2 o 3 oraciones

En el área cognitiva (aprendizaje, razonamiento, resolución de problemas)

- Puede operar juguetes con botones, palancas y piezas móviles
- Juega imaginativamente con muñecas, animales y personas
- Arma rompecabezas de 3 y 4 piezas
- Entiende lo que significa "dos"
- Copia un círculo con lápiz o crayón
- Pasa las hojas de los libros una a la vez
- Arma torres de más de 6 bloquitos
- Enrosca y desenrosca las tapas de jarras o abre la manija de la puerta

En las áreas motora y de desarrollo físico

- Trepa bien
- Corre fácilmente
- Puede pedalear un triciclo (bicicleta de 3 ruedas)
- Sube y baja escaleras, un pie por escalón

Reaccione pronto y hable con el doctor de su hijo si el niño:

- Se cae mucho o tiene problemas para subir y bajar escaleras
- Se babea o no se le entiende cuando habla
- No puede operar juguetes sencillos (tableros de piezas para encajar, rompecabezas sencillos, girar una manija)
- No usa oraciones para hablar
- No entiende instrucciones sencillas
- No imita ni usa la imaginación en sus juegos
- No quiere jugar con otros niños ni con juguetes
- No mira a las personas a los ojos
- Pierde habilidades que había adquirido

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo la escuela pública más cercana. Para obtener más información, consulte www.cdc.gov/preocupado o llame 1-800-CDC-INFO.

Tomado de CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Quinta Edición, editado por Steven Shelov y Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 por la Academia Americana de Pediatría y BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, tercera edición, editado por Joseph Hagan, Jr., Judith S. Shaw y Paula M. Duncan, 2008, Elk Grove Village, IL: Academia Americana de Pediatría. Esta lista de verificación de indicadores del desarrollo no es un sustituto de una herramienta de evaluación del desarrollo estandarizada y validada.

Firma: _____

Fecha: _____

www.cdc.gov/pronto | 1-800-CDC-INFO



Aprenda los signos. Reaccione pronto.

Child's Name: _____



St. Catherine of Siena Preschool



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If you have any questions or need further explanation, please contact your Director or Teachers.

Sincerely,

St. Catherine of Siena Preschool Teachers

Parent Initial: _____

Date: _____

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Si usted tiene alguna pregunta o necesita más información, favor de ponerse en contacto con su Director o Maestros.

Sinceramente,

Las Maestras de Preescolar St. Catherine of Siena

Iniciales de padres: _____

Fecha: _____

Your Child at 4 Years



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 4th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- Enjoys doing new things
- Plays "Mom" and "Dad"
- Is more and more creative with make-believe play
- Would rather play with other children than by himself
- Cooperates with other children
- Often can't tell what's real and what's make-believe
- Talks about what she likes and what she is interested in

Language/Communication

- Knows some basic rules of grammar, such as correctly using "he" and "she"
- Sings a song or says a poem from memory such as the "Itsy Bitsy Spider" or the "Wheels on the Bus"
- Tells stories
- Can say first and last name

Cognitive (learning, thinking, problem-solving)

- Names some colors and some numbers
- Understands the idea of counting
- Starts to understand time
- Remembers parts of a story
- Understands the idea of "same" and "different"
- Draws a person with 2 to 4 body parts
- Uses scissors
- Starts to copy some capital letters
- Plays board or card games
- Tells you what he thinks is going to happen next in a book

Movement/Physical Development

- Hops and stands on one foot up to 2 seconds
- Catches a bounced ball most of the time
- Pours, cuts with supervision, and mashes own food

Act Early by Talking to Your Child's Doctor if Your Child:

- Can't jump in place
- Has trouble scribbling
- Shows no interest in interactive games or make-believe
- Ignores other children or doesn't respond to people outside the family
- Resists dressing, sleeping, and using the toilet
- Can't retell a favorite story
- Doesn't follow 3-part commands
- Doesn't understand "same" and "different"
- Doesn't use "me" and "you" correctly
- Speaks unclearly
- Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

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Signature: _____

Date: _____



www.cdc.gov/actearly

1-800-CDC-INFO

Learn the Signs. Act Early.

Child's Name: _____



St. Catherine of Siena Preschool



In the beginning of the school year, a developmental screening and behavioral-emotional screening is to be completed for each child who is in the St. Catherine of Siena Preschool program. This needs to be done within the first two months of school. These requirements must be met in order for the St. Catherine of Siena Preschool to be in compliance with the First Things First Standards.

The developmental screening is completed by a St. Catherine Preschool Teacher (s) & Representatives from other licensed agencies that help him/her to understand the child's interest, needs and abilities.

If you have any questions or need further explanation, please contact your Director or Teachers.

Sincerely,

St. Catherine of Siena Preschool Teachers

Parent Initial: _____

Date: _____

Al Comienzo del año escolar, se deberán completar exámenes de desarrollo, y comportamiento-emocional, para cada niño en el programa Preescolar St. Catherine of Siena. Estos exámenes deberán llevarse a cabo dentro de los primeros dos meses del año escolar. Los requerimientos anteriores deberán cumplirse para que el programa pueda estar en total cumplimiento con los Estándares de Desempeño del Preescolar St. Catherine of Siena y el programa First Things First.

Los exámenes del desarrollo serán llevados a cabo por el representante del Preescolar St. Catherine of Siena que ayudan y entienden los intereses, las necesidades y habilidades del niño/a.

Si usted tiene alguna pregunta o necesita más información, favor de ponerse en contacto con su Director o Maestros.

Sinceramente,

Las Maestras de Preescolar St. Catherine of Siena

Iniciales de padres: _____

Fecha: _____

Su Hijo de 4 Años



Nombre del niño _____

Edad del niño _____

Fecha de hoy _____

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo cuando cumple 4 años de edad. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué Hacen los Niños a Esta Edad?

En las áreas social y emocional

- Disfruta haciendo cosas nuevas
- Juega a "papá y mamá"
- Cada vez se muestra más creativo en los juegos de imaginación
- Le gusta más jugar con otros niños que solo
- Juega en cooperación con otros
- Generalmente no puede distinguir la fantasía de la realidad
- Describe lo que le gusta y lo que le interesa

En las áreas del habla y la comunicación

- Sabe algunas reglas básicas de gramática, como el uso correcto de "él" y "ella"
- Canta una canción o recita un poema de memoria como "La araña pequeñita" o "Las ruedas de los autobuses"
- Relata cuentos
- Puede decir su nombre y apellido

En el área cognitiva (aprendizaje, razonamiento, resolución de problemas)

- Nombra algunos colores y números
- Entiende la idea de contar
- Comienza a entender el concepto de tiempo
- Recuerda partes de un cuento
- Entiende el concepto de "igual" y "diferente"
- Dibuja una persona con 2 o 4 partes del cuerpo
- Sabe usar tijeras
- Empieza a copiar algunas letras mayúsculas
- Juega juegos infantiles de mesa o de cartas
- Le dice lo que le parece que va a suceder en un libro a continuación

En las áreas motora y de desarrollo físico

- Brinca y se sostiene en un pie hasta por 2 segundos

- La mayoría de las veces agarra una pelota que rebota
- Se sirve los alimentos, los hace papilla y los corta (mientras usted lo vigila)

Reaccione pronto y hable con el doctor de su hijo si el niño:

- No puede saltar en el mismo sitio
- Tiene dificultades para hacer garabatos
- No muestra interés en los juegos interactivos o de imaginación
- Ignora a otros niños o no responde a las personas que no son de la familia
- Rehúsa vestirse, dormir y usar el baño
- No puede relatar su cuento favorito
- No sigue instrucciones de 3 partes
- No entiende lo que quieren decir "igual" y "diferente"
- No usa correctamente las palabras "yo" y "tú"
- Habla con poca claridad
- Pierde habilidades que había adquirido

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo la escuela pública más cercana. Para obtener más información, consulte www.cdc.gov/preocupado o llame 1-800-CDC-INFO.

Tomado de CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Quinta Edición, editado por Steven Shelov y Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 por la Academia Americana de Pediatría y BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, tercera edición, editado por Joseph Hagan, Jr., Judith S. Shaw y Paula M. Duncan. 2008, Elk Grove Village, IL: Academia Americana de Pediatría. Esta lista de verificación de indicadores del desarrollo no es un sustituto de una herramienta de evaluación del desarrollo estandarizada y validada.

Firma: _____

Fecha: _____

www.cdc.gov/pronto | 1-800-CDC-INFO



Aprenda los signos. Reaccione pronto.



CDC/SGH# or name: _____

Arizona Department of Health Services
Bureau of Child Care Licensing

Emergency, Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:
www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Additional comments:
Other special instructions:

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:



Roman Catholic Diocese Of Phoenix
Off-Campus Permission Form

St. Catherine of Siena Preschool / Pre - K
Name of School

I/we, the parent(s)/guardian(s) of _____
Name of Child

request that the school allow my/or son/daughter to participate in to go anywhere St. Catherine,
Elementary Campus such as: office, Nurse, Cafeteria, Library, Courtyard, Atrium, School
Playground, field, basket court through out the whole year for PE classes. Physical
Activities, Field Day. This includes leaving campus for an Emergency. (South Mountain
Activity/Trip/Destination/Date/Time Community Center
212 E. Atta Vista
(602) 262-4874

We hereby release and save harmless the school

_____ and any and all of its employees
Name of School

from any and all liability for any and all harm arising to my/our son/daughter as a
result of this trip.

(ADD DETAILS OF THE TRIP INCLUDING MODE OF TRANSPORTATION, WHO
WILL ACCOMPANY THE CHILDREN AND THE EDUCATIONAL OBJECTIVES)

Preschool and Pre-K students will be participating in different
activities throughout the school year in one or more
of these areas. This includes leaving campus for
an Emergency.

Signature Parent/Guardian _____ Please Print Name _____ Date _____

Phone Number(s) _____

Signature Parent/Guardian _____ Please Print Name _____ Date _____

Phone Number(s) _____