



Clinton Public School

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Clinton, New Jersey 08809
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Preschool Pals Application

Please provide the following information by March 1, 2023

All Applications must be accompanied by a copy of your child's birth certificate and proof of residency in either Clinton or Glen Gardner.

Student Name: _____
Last First MI

DOB: ____/____/____
Month / Day / Year

Gender: Male ____ Female ____

Home Language: _____

Parent/Guardian Name: _____

Name: _____

Home Address No. & Street: _____

City, State, Zip: _____

E-Mail: _____

Home Phone: _____ Cell Phone: _____ (Mother)

_____ (Father)

ATTACH:

____ Birth Certificate

____ Proof of Residency (ONE OF THE FOLLOWING: COPY OF LEASE/RENTAL AGREEMENT, MORTGAGE/BILL OF SALE)

Confirm:

____ I will be able to provide documentation of immunizations if child is accepted

Questions about your child:

Does your child have any siblings currently enrolled in the program? ___ Yes ___ No

Has your child attended a Daycare or Nursery School? _____

If yes, name of school and dates attended: _____

Has your child received Early Intervention Services? _____

Do you have concerns about your child's development? ___ Yes ___ No

If yes, please describe areas of concerns: _____

Does your child have any medical needs? _____

Is he/she toilet trained? ___ Yes ___ No ___ Somewhat

(if your child enters the program and is not toilet trained, they will be dismissed from the program)

Unfamiliar people (check one) ___ Can understand my child ___ Cannot understand my child

Describe your child's interests and activities: _____

Does your child identify letters? ___ Yes ___ No ___ Very Few

Does your child play with children his/her age? ___ Yes ___ No

What are your goals and expectations for your child's early childhood education?

Identify 3 strengths of your child. _____

Identify any areas which you have some concern about for your child.

Checklist - Please complete the attached checklist to the best of your knowledge about your child.

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

Parent/Guardian Signature: _____

Date: _____

Please Return Application To:
Dr. Jenine Kastner, Director of Special Services
Clinton Public School, 10 School Street, Clinton, NJ 08809

Questions please call 908-735-8512 or email at vupwood@cpsnj.org