



Kodiak Island Borough School District
Early Childhood Services
722 Mill Bay Road
Kodiak, AK 99615
(907) 486-7576

KIBSD Preschool Application

Child's Name: _____

Date of Birth: _____ Age: _____

Boy or Girl (circle one)

Parent/Guardian:

Parent/Guardian:

Physical Address:

Mailing Address:

Phone (home or preferred): _____ Circle Preference: Text Call

Parent Cell: _____ Parent Cell: _____

Email: _____

Please circle the appropriate answer and write explanation if necessary:

Has your child had previous preschool experience? **YES or NO**

If yes, summarize his/her experience:

Has your child been involved with the Infant Learning Program: **YES or NO**

If yes please explain: _____

Does your child have any known medical conditions, disabilities, or special needs?

YES or NO

If yes, please describe: _____

Please check any of these statements that are true about your child:

_____ My child is toilet trained.

_____ My child speaks in sentences of 5 to seven words.

_____ My child asks and answers questions using sentences.

_____ My child follows simple directions such as "Put your spoon on the table."

_____ Most people can understand my child when he/she speaks.

_____ My child tries to take turns and share with others.

_____ My child tries to "help" or imitate us when we do tasks at home, like cooking, fixing things, etc.

_____ My child walks up and down stairs alternating feet (one foot per stair).

_____ My child can put on and take off a coat or jacket with minimal assistance.

_____ My child rides a tricycle.

_____ My child can use scissors to snip paper.

_____ My child can draw a simple picture.

_____ My child usually gets along and plays well with other children his/her age.

_____ My child usually gets along well with adults.

Describe the things your child does particularly well:

Describe the things your child has difficulty with:

List any concerns or questions you may have: