

# Hillside School

89 Hillside Avenue  
Allendale, New Jersey 07401  
(201) 327-2020

Anastasia P. Maroulis  
Principal



Dear Parents/Guardians;

Please help us to get to know your child by completing the attached form and returning it when you register your child for Kindergarten. We appreciate your help and concern.

We look forward to our 2016 – 2017 school year and know that your child will enjoy the Kindergarten Experience.

Thank you,

*The Hillside School Kindergarten Teachers*

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Please check the following statements that best describe your child:

**Social**

- Separates from parents easily.
- Gets upset when leaving parent.
  
- Plays well with other children.
- Has difficulty sharing and taking turns.
  
- My child is more of a "leader" during playtime.
- My child is more of a "follower" during playtime.
  
- Easily transitions into new activities.
- Has trouble moving from one activity to another.
  
- I feel my child will easily adjust to kindergarten.
- I have some concerns regarding my child's readiness.

Comments \_\_\_\_\_

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My child can:

- Identify colors
- Identify shapes
- Identify number 1-12 out of sequence
- Identifies letters out of sequence
  - Some
  - All
- Writes name
  - In all uppercase letters
  - Using upper and lowercase letters

What number can your child count up to? \_\_\_\_\_

Describe your child's reading readiness skills?

\_\_\_\_\_

Did your child attend a preschool program?  Yes  No

Where did he/she attend? \_\_\_\_\_

How did your child adjust to the preschool experience? (Academic and Social)

Thank you for your time and patience in filling out this form.