



Huntington Beach City School District  
Preschool Neighborhood Friend Program Application  
2019 – 2020

Name of student: \_\_\_\_\_  
(First) (Last)

Child's gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Family:**

Parent/Guardian name: \_\_\_\_\_  
(First) (Last)

Address: \_\_\_\_\_

Phones: home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

Email: \_\_\_\_\_

Other children in the family:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

**Schedule preference** (check one):

Monday, Wednesday, Friday

Daily

**About your child**

**Social Skills:**

Is your child shy or outgoing? \_\_\_\_\_

Does your child lead or follow when playing with groups of peers? \_\_\_\_\_

Does your child adapt well to changes and new situations or people? \_\_\_\_\_

Is your child easily redirected? \_\_\_\_\_

Does your child frequently play with neighborhood children? \_\_\_\_\_

**Communication and gross motor development:**

At what age did your child speak in complete sentences? \_\_\_\_\_

Is your child easily understood by others?  Does he talk in full sentences?

At what age did your child crawl? \_\_\_\_\_ walk alone? \_\_\_\_\_

Is your child fully toilet trained? \_\_\_\_\_

**Play skills:**

What are your child's favorite games and toys? \_\_\_\_\_

Does your child prefer to play alone or with other children? \_\_\_\_\_

Is your child able to share toys? \_\_\_\_\_

**Learning to learn skills:**

Can your child work independently on a task for 3-4 minutes? \_\_\_\_\_

Does your child like to play in a small group setting? \_\_\_\_\_

Does your child follow 2 to 3-step instructions from an adult? \_\_\_\_\_

Share any other information we should know about your child \_\_\_\_\_

\_\_\_\_\_

**Medical:**

Does your child have any allergies or dietary restrictions we should know about? \_\_\_\_\_

\_\_\_\_\_

**Thanks for your interest in the Preschool Neighborhood Friend Program!**

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email the completed application form to:

Megan Kempner  
Program Specialist  
mkempner@hbcsd.us  
(714) 964-8888 ext. 2047

## Preschool Neighborhood Friends Checklist

Read each item and think about your child's present behavior. Check each item as it applies to your child.

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

	Never	Sometimes	Often
Follows your instructions			
Follows instructions given by other adults			
Participates in group activities			
Asks permission before using other's property			
Responds appropriately when hit or pushed by other children			
Starts conversations			
Waits for others to talk first			
Controls temper in conflict situations with you			
Controls temper when arguing with other children			
Follows rules when playing games with others			
Shows interest in a variety of things			
Makes friends easily			
Puts away toys or other household property			
Waits turn in games or other activities			
Joins group activities without being told			
Ends disagreements with you calmly			
Communicates problems to you.			
Speaks in an appropriate tone of voice at home			
Eats with a fork and spoon			
Easily adapts to new situations			
Easily accepts separation from parent or caregiver			