

Ontario-Montclair School District - State Preschool Registration Intake Card

Today's Date:		Please note any other health conditions:
Child's Name:		Do you have concerns about your child's speech? (Yes)_____ (No)_____
Date of Birth:	School of Choice:	Do you have concerns about your child's behavior? (Yes)_____ (No)_____
Phone number:		Has your child ever been assessed or received services for speech or behavior?
Email address:		(Yes)_____ (if YES, <u>submit copy of paperwork</u>) (No)_____
Family Size: Parents living in household and siblings under 18 # of Adults: _____ # of Children: _____		Is your child potty trained? (Yes)_____ (No)_____
Gross Monthly Income for Parent A \$ _____		Are there any custody issues regarding this child? (Yes)_____ (No)_____
Gross Monthly Income for Parent B \$ _____		
Allergies: (Yes)___ (No) _____	Asthma: (Yes)___ (No) _____	Notes:

FAMILY LANGUAGE INSTRUMENT (MB25-07) – PART A

Identification of your child as a dual language learner in California State Preschool Program means that your child will benefit from additional support from the program in order to develop their home language and English language skills. This identification will serve them only in preschool and is different from any identification process or program supports a child might receive as an English learner in Transitional Kindergarten or Kindergarten.

1. Which language(s) does your child **hear and/or is exposed to at home**? This includes the language(s) spoken by parents, grandparents, siblings, extended family, or others living within or visiting the home.

2. Which language(s) does your child hear and/or is exposed to in their **neighborhood and community**? For example, with friends and neighbors, at church, or at after school programs or activities. This is to demonstrate language exposure not to measure language proficiency.

3. Which language(s) does your child **understand and/or respond to**?

4. Which language(s) does your child **speak and/or use to communicate**?