



# SAVANNAH CHRISTIAN PREPARATORY SCHOOL

## ENROLLMENT PROCEDURES FOR PREKINDERGARTEN

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### APPLY

#### STEP 1

**Submit a completed Application for Enrollment** - A signed Application for Enrollment assumes the student and parent/guardian agree to abide by and uphold the policies of the school. Please complete the following:

- Submit the non-refundable \$125 application/testing fee
- Return the completed Parent Questionnaire
- Return completed Teacher Recommendation Form
- Submit all application forms and fee to:  
SCPS Lower School, P.O. Box 2848, Savannah, GA 31402-2848

#### STEP 2

**Entrance assessment** - applicants must complete the admissions assessment. The school will contact you to schedule the assessment.

#### STEP 3

**Parent conference** - Upon the completion of the evaluation of steps 1 and 2, a conference with a Lower School Administrator may be requested.

### ACCEPTANCE

Acceptance is based on:

- A satisfactory score on the entrance assessment and student interview
- A history of good behavior in previous schools with no dismissals from previous schools or withdrawals in lieu of dismissal
- Review of Teacher Recommendation and Parent Questionnaire
- We recommend, but do not require, that students entering the SCPS PreKindergarten program turn four before August 1 of the year for which they apply
- Available vacancies



SAVANNAH CHRISTIAN PREPARATORY SCHOOL  
PreKindergarten  
2015-2016 Application

Box 2848, Savannah, GA 31402

912-234-1653

www.savcps.com



Please submit the non-refundable **\$125** application/testing fee with application.  
This fee will be applied to the registration fee.

STUDENT

Applicant's name \_\_\_\_\_ Boy  Girl   
Last First Middle Preferred

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State ZIP Code County

SCHOLASTIC INFORMATION

**Applying to :**  PreKindergarten **Morning** Program  PreKindergarten **Full Day** Program

Campus Preference:  Chatham Parkway  DeRenne Ave.

Current or Previous School \_\_\_\_\_ Dates of Enrollment \_\_\_\_\_

School's Address \_\_\_\_\_ School's Phone \_\_\_\_\_

Has the applicant ever applied for admission to SCPS? Yes  No  If yes, what grade? \_\_\_\_\_

Has the applicant ever attended SCPS? Yes  No  If yes, what grade? \_\_\_\_\_

Does the applicant have siblings **applying** to SCPS for the 2015-15 school year? Yes  No

If yes, please give names and grades. \_\_\_\_\_

Does the applicant have siblings **currently attending** SCPS? Yes  No  If yes, please give names and grades.  
 \_\_\_\_\_

Are the applicant's parents/grandparents SCPS alumni? Yes  No  Name(s)/Graduation year(s) \_\_\_\_\_  
 \_\_\_\_\_

STUDENT HISTORY

Does the applicant have any current or history of medical, behavioral or emotional problems that would affect his/her work?  
 If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the applicant ever been expelled, denied re-enrollment, counseled not to return to a school or been the subject of any major school disciplinary action? Yes  No  If yes, give details.  
 \_\_\_\_\_  
 \_\_\_\_\_

FATHER

Father's Name (Dr./Mr.) \_\_\_\_\_  
Last First Middle Suffix - II III IV Jr.

Home Address \_\_\_\_\_  
area code and phone number

city state zip Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_  
cell phone number

Business Address \_\_\_\_\_ Email \_\_\_\_\_

city state zip area code and phone number

Religion \_\_\_\_\_ Place of Worship \_\_\_\_\_

MOTHER

Mother's Name (Dr./Mrs./Ms.) \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
area code and phone number

city state zip Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_  
cell phone number

Business Address \_\_\_\_\_ Email \_\_\_\_\_

city state zip area code and phone number

Religion \_\_\_\_\_ Place of Worship \_\_\_\_\_

STEP-PARENTS

Step-Father's Name (Dr./Mr.) \_\_\_\_\_  
Last First Middle Suffix - II III IV Jr.

Home Address \_\_\_\_\_  
area code and phone number

city state zip Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_  
cell phone number

Step-Mother's Name (Dr./Mrs./Ms.) \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
area code and phone number

city state zip Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_  
cell phone number

CONTACT INFORMATION

Parents are: married  separated  divorced  father deceased  mother deceased  single parent

With whom does the student live? \_\_\_\_\_

To whom should school information be sent? \_\_\_\_\_

E-mail address for SCPS correspondence \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Phone number \_\_\_\_\_

FINANCIAL

Name of person responsible for bills (this person must sign financial contract along with other parent or person having custody) and give address if not noted on this application \_\_\_\_\_

Relationship to Student \_\_\_\_\_

EXTENDED FAMILY

In order to keep grandparents of our current students informed about our school activities, they are sent invitations to special events. Please name living grandparents and give their addresses.

first name last name address city state zip email

first name last name address city state zip email

first name last name address city state zip email

first name last name address city state zip email

first name last name address city state zip email

first name last name address city state zip email

INTEREST

How did you first learn of SCPS?  SCPS Family  SCPS Faculty  Website  Advertisement  Preschool  Minister  Employer  Realtor  Other \_\_\_\_\_

Please give us the name and address of the person who influenced you in making the decision to apply to SCPS, so we may

thank them: \_\_\_\_\_

Key factors influencing your application to SCPS:  Faculty  Facilities  Academic reputation  Fine Arts Program  Christian teaching  Class Size  Location  Other \_\_\_\_\_

**Yearly Lunch Tickets:** Yes  No

**See fee sheet for details. Cost of yearly lunch tickets will be added to the student's account.**

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I understand that my child may be included in photographs, video tapes, audio tapes or other recordings to be used for school and general promotional purposes, including the SCPS website and Facebook. I give the SCPS administration permission to use such photographs, video tapes, or other recordings of my child for purposes of promoting the school as it may see fit.

Yes

No

A blank response will be interpreted as "yes."

**To complete a "no" response a recent photo, for identification purposes, must be attached to this application.**

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#### **PARENT/GUARDIAN PLEDGE**

I attest that the information provided in this Application for Enrollment is true and accurate. I understand that if any information is found to be false or misleading, the application process may be terminated or the applicant may be dismissed from Savannah Christian Preparatory School. I also understand that acceptance is contingent upon the applicant's satisfactory completion of his or her current academic year.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
Parent or Guardian

The Savannah Christian Preparatory School is a co-educational, non-denominational, independent day school for students in grades prekindergarten through twelfth. SCPS admits students of any race, color or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and financial aid programs, and athletic and other school-administered programs.

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Office Use Only  
AF \_\_\_\_\_ TeD \_\_\_\_\_ BO \_\_\_\_\_  
Acc/Den \_\_\_\_\_ RF \_\_\_\_\_  
TD \_\_\_\_\_ FC \_\_\_\_\_  
BB \_\_\_\_\_



## PARENT QUESTIONNAIRE FOR STUDENT ENTERING PREKINDERGARTEN

### CHILD INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

### FAMILY INFORMATION

With whom has the child lived for most of the past year?

Mother  Father  Both  Guardian  Other (specify)  \_\_\_\_\_

Siblings (names and ages) \_\_\_\_\_

Other people living in household \_\_\_\_\_

What language is primarily spoken at home? English  Other (specify)  \_\_\_\_\_

What other languages are spoken at home? \_\_\_\_\_

### PRESCHOOL / CHILD CARE HISTORY

Has your child attended preschool/child care before? Yes  No

- If yes, please list dates: \_\_\_\_\_

Name of child's present or most recent school \_\_\_\_\_

Type of program: 5 days  3 days  2 days

Number of hours per day: \_\_\_\_\_

Attendance Record: Attended regularly  Missed a few days

Missed a lot of time  Reason \_\_\_\_\_

- If no, does your child have opportunities to socialize / play with other children? Yes  No

Where? \_\_\_\_\_

### MEDICAL HISTORY

Was your child more than three weeks premature? Yes  No

Early health problems? \_\_\_\_\_

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### Child's Health Since Birth

*Eyes* Does your child wear glasses? Yes  No

Has your child had his/her eyes tested in the past year? Yes  No

*Ears* Has your child had frequent ear infections? Yes  No

Has your child had tubes in one or both ears? Yes  No

Has your child had his/her ears tested in the past year? Yes  No

Speech Can your child speak so that he/she can be understood by others? Yes  No   
 Has your child had any difficulties with speech or language? Yes  No   
 If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

Are there any medical concerns that we should take into consideration when evaluating your child?  
 Yes  No  If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

**CHILD’S CURRENT BEHAVIOR**

***Does your child***

- act appropriately in a group setting at school? Most of the time  Some of the time  Working on this
- act appropriately in a group setting elsewhere? Most of the time  Some of the time  Working on this
- play well one on one with other children? Most of the time  Some of the time  Working on this
- respond respectfully to parental authority? Most of the time  Some of the time  Working on this
- respond consistently to teacher authority? Most of the time  Some of the time  Working on this
- respond with respect to other adults? Most of the time  Some of the time  Working on this

**CHILD’S DEVELOPMENT**

**Can your child**

- feed him/herself using a spoon and/or fork? Yes  No
- wash and dry his/her own hands? Yes  No
- dress him/herself with assistance? Yes  No
- express his/her thoughts easily? Yes  No

**Is your child**

- sleeping with a pacifier? Yes  No
- using a pacifier during the day? Yes  No
- taking rest or nap daily? Yes  No
- If yes, approximately how long? \_\_\_\_\_
- toilet trained? Yes  No
- able to adequately clean him/herself after toileting without help? Yes  No

**Does your child**

- play with blocks or other construction toys without help? Yes  No
- play with puzzles? Yes  No
- use crayons and/or markers to color or draw? Yes  No
- cut with scissors? Yes  No

**Does your child**

- listen to stories being read? Yes  No
- turn pages of a book and look at pictures? Yes  No
- recall stories and events? Yes  No
- talk with your friends/relatives who come to visit? Yes  No
- follow simple, age-appropriate directions? Yes  No

Does your child have any special learning needs? Yes  No  If yes, please explain.

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**HELP US GET TO KNOW YOUR CHILD**

Please describe your child's personality (shy, easily excited, etc....) \_\_\_\_\_

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What are your child's favorite activities? How does your child spend his/her free time? \_\_\_\_\_

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Please describe your child's strengths. \_\_\_\_\_

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Please describe your child's weaknesses. \_\_\_\_\_

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What are your educational goals for your child? \_\_\_\_\_

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What are your Christian character goals for your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want your child to attend Savannah Christian Lower School? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact your child's current school if further questions arise?    Yes             No

\_\_\_\_\_  
Signature of person completing questionnaire

\_\_\_\_\_  
Relationship to child



## TEACHER RECOMMENDATION FOR STUDENT ENTERING PREKINDERGARTEN

**Please forward this form to your child's present teacher.**

*Pursuant to the Family & Education Rights and Privacy Act of 1974, the following options are open to you. Please initial the following before having the form completed. Please initial the appropriate statements.*

*I waive the right to see this evaluation after it is completed.*

*I reserve the right to see this evaluation after it is completed.*

*I grant permission for the person completing this form to speak with an administrator from Savannah Christian Preparatory School.*

**Child's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

As part of the acceptance process for the above student, please complete this Teacher Recommendation Form. As the teacher, we feel you know the student and the work done on a day-to-day basis. You have observed many academic, developmental, social and physical areas which would be helpful for us to know as we prepare for our next PreKindergarten students. Please take a few minutes to complete this form and be as specific as possible. Please return the completed form to the Lower School office. Thank you for your time and assistance.

**Write the appropriate letter as follows:**

**S= Satisfactory    W=Working on this    N=Not Satisfactory    U=Unobserved**

### **SOCIAL / EMOTIONAL SKILLS**

Accepts teacher authority

Separates easily from parents

Accepts parent authority

Makes choices

Plays well with other children

Shares with other children

Able to wait for a turn

Uses language to express needs

Keeps hands, feet and other body parts to self

Has appropriate control over feelings

Appropriately solves problems  
(without hitting, temper tantrums, etc.)

Responds appropriately to a variety of situations

Functions appropriately as part of current group of students

Comment on Social/Emotional Skills. Please give strengths and weaknesses. \_\_\_\_\_

### **SELF HELP SKILLS**

Toilets independently

Attempts to do things on his/her own

Dresses self after toileting

Cares for materials properly

Washes hands independently

Comment on Self Help Skills. Please give strengths and weaknesses. \_\_\_\_\_

### **LISTENING SKILLS**

Listens quietly to stories

Participates in circle time

Follows two step directions

Sits still when required

Comment on Listening Skills. Please give strengths and weaknesses. \_\_\_\_\_

**COGNITIVE SKILLS: S= Satisfactory W=Working on this N=Not Satisfactory U=Unobserved**

- \_\_\_\_\_ States first name                      \_\_\_\_\_ States last name                      \_\_\_\_\_ Speaks so can be easily understood  
\_\_\_\_\_ Speaks in simple sentences                      \_\_\_\_\_ Repeats short story/event  
\_\_\_\_\_ Recognizes own written name                      \_\_\_\_\_ Matches letters                      \_\_\_\_\_ Recognizes some letters of the alphabet  
\_\_\_\_\_ Matches like objects                      \_\_\_\_\_ Counts objects to six                      \_\_\_\_\_ Recognizes numbers 0-5  
\_\_\_\_\_ Recognizes all basic colors (red, blue, green, orange, yellow, purple, brown, black & white)  
\_\_\_\_\_ Recognizes all basic shapes (square, diamond, circle, triangle and rectangle)

Comment on Cognitive Skills. Please give strengths and weaknesses. \_\_\_\_\_

**FINE MOTOR SKILLS**

- \_\_\_\_\_ Builds with blocks                      \_\_\_\_\_ Cuts with scissors independently  
\_\_\_\_\_ Copies shapes                      \_\_\_\_\_ Colors with crayons/markers at age appropriate level

Comment on Fine Motor Skills. Please give strengths and weaknesses. \_\_\_\_\_

**GROSS MOTOR SKILLS**

- \_\_\_\_\_ Jumps on two feet                      \_\_\_\_\_ Climbs up/down steps alternating feet without help  
\_\_\_\_\_ Attempts new things physically                      \_\_\_\_\_ Climbs up/down steps alternating feet with help

Comment on Gross Motor Skills. Please give strengths and weaknesses. \_\_\_\_\_

- Type of Program:**     4 hours or less                       5-8 hours                       More than 8 hours  
                                  5 Days                       3 Days                       2 Days

**Attendance Record:**  Regular                       Irregular                      If irregular, please explain. \_\_\_\_\_

**OVERALL READINESS FOR PREKINDERGARTEN**

- Academic:                       Should be ready                       May not be ready                       Not sure at this time  
Behavioral:                       Should be ready                       May not be ready                       Not sure at this time

Please explain your thoughts on this child's readiness. \_\_\_\_\_

Please attach any additional comments you would like to share.

If the need arises, may we contact you to discuss the applicant further?                       Yes                       No

Form filled out by \_\_\_\_\_ Signature \_\_\_\_\_

Title/Position \_\_\_\_\_ School \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_