

TOTZ

Play n Learn

231 Hutton Street, Jersey City, NJ 07307

(201) 893 - 5064

www.totzplaynlearn.com



Student Application Profile

This is an **initial** application form to be filled out before registration. By filling out this information you help us better understand how we may be of service to your child. We would like to know what services you are looking for so that we can help you. Please send us your completed application and we will contact you.

Name: _____ DOB: _____ Age: _____

Parent Name: _____ Parent Name: _____

Address: _____

Please fill out your contact information so we can reach you to confirm your acceptance and schedule your registration and orientation date:

Phone Number: _____ E-mail Address: _____

When can we reach you: Day(s): M T W TH F Time: _____

Please place a checkmark and fill out each category that matches the needs of your child.

Academic

Attending school: Yes / No

Name of school: _____ Grade: _____

Are you looking for help or remediation with academic subjects: Yes / No

Please Specify:

Subjects: Language Arts Reading Math Science Social Studies

Concern: _____

 **Self Help**

Please circle what pertains to your child and write down any added details or concerns:

Toilet Trained: Yes No Using: Diaper Pull-ups Underpants

Concern: _____

Dressing: Able to: Undress Dress Unzip Zip Put-on shoes Remove shoes

Concern: _____

Feeding: Eat Independently: Yes No Use spoon/fork: Yes No

Allergies: _____

Special Diet : _____

Concern: _____

 General Knowledge

Body parts: Head Eyes Ears Nose Mouth Teeth Neck Shoulders Arms Elbows

Hands Fingers Belly/Tummy Legs Feet Knees

Colors: Red Yellow Green Blue Orange Purple Black White Brown Pink

Shapes: Circle Triangle Square Rectangle Oval Star Diamond Heart

 Pre-Readiness

Recites/Sings Alphabet: Yes No

Alphabet: Upper Case: Yes No Lower Case: Yes No

Recognize uppercase letters: _____



Recognize lowercase letters: _____

Math

Counts in order: Yes No Counts randomly: Yes No

Recognize numbers: _____

Matches numbers:

Primary Reinforcers: _____

Self-stimulatory behaviors: _____

Aggressive behaviors: _____

Concerns:

- Fine Motor Skills
- Behavior at home
- Toilet training program

Sensory motor skills Gross Motor skills/Balance/ Toe walking

Concerns: _____

I hereby certified that the information above is true and accurate.

Parent name: _____ Date: _____

Parent name: _____ Date: _____