

**ACTON PUBLIC SCHOOLS
Preschool Application**

Indicate session of your choice
(3 year olds) AM _____
(3 year olds) All Day _____
(4 year olds) PM _____
(4 year olds) All Day _____

(Please print and complete all pages of the form)

Application Date: _____

Child's Name: _____ Male _____ Female _____
First Middle Last

Address: _____ Phone: _____

Date of Birth: _____ Birthplace: _____

Previous childcare experiences: _____

Parent/Guardian

Parent/Guardian

Name: _____

Address: _____

Home Phone: _____

Cell: _____

email: _____

Other Children in Family

Name

Present Grade/School

DOB/ Place of Birth

Please list any additional members of the household: _____

If parent(s) is not available, in case of illness/emergency notify:

Name: (1) _____ Phone: _____

(2) _____ Phone: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Using daycare? Yes ___ No ___ Name/Address: _____

How did you first learn of the Acton Public Schools Preschool? _____

HEALTH INFORMATION:

1. General Health

Birth Weight: _____

Were pregnancy and delivery normal: _____

2. Has your child had any hospitalizations, serious illness or accidents? _____

If yes, explain: _____

3. Are there any current medical concerns for your child, including allergies? _____

Y/N

If yes, explain: _____

4. Is your child on any medications? _____ If yes explain: _____

Y/N

5. Eyes: Has your child had trouble seeing (i.e., squinting, rubbing eyes, head tilted, etc) _____

If yes, explain: _____ Y/N

6. Ears: Does your child have a history of frequent ear infections? _____

Y/N

Has your child had any ear/hearing examinations or treatment? _____

Y/N

If yes, please explain: _____

DEVELOPMENTAL HISTORY (continued):

7. How well does your child pronounce words in the primary language?

- _____ Is very hard to understand
- _____ Family can understand, but others cannot
- _____ Easy to understand

8. Does your child use sentences in the primary language?

- _____ Not yet, still uses single words
- _____ Usually two word combinations, "me go", etc.
- _____ Usually 3 or 4 word sentences, "we go home", or longer

9. Does your child follow directions in the primary language?

- _____ No consistently, does not understand; does not want to; or tunes out?
- _____ Will follow one simple direction
- _____ Follows 2 or 3 simple directions

10. Does your child enjoy books and listening to stories?

- _____ Has no interest in stories or looking at picture books
- _____ Seems interested but for a very short time
- _____ Enjoys simple stories and talking about pictures

11. Can your child point to 10 or more body parts? _____
Y/N

12. Can your child name 10 or more body parts? _____
Y/N

13. Can your child point to the following colors?
red _____ blue _____ green _____ yellow _____

14. Can your child name the following colors?
red _____ blue _____ green _____ yellow _____

15. How does your child play with other children?

- _____ Prefers to play alone
- _____ Prefers one or two others
- _____ Plays mainly with brothers and sisters
- _____ Has a lot of friends

16. Who does your child play with at home? _____

17. Currently my child's favorite play choices include: _____

DEVELOPMENTAL HISTORY (continued):

18. Circle the appropriate number:

In new situations, my child is: outgoing 1 2 3 4 fearful

Holding/cuddling: likes 1 2 3 4 dislikes

Separating from parents: clings 1 2 3 4 separates easily

Activity Level: very active 1 2 3 4 very quiet

19. Have there been any significant events or changes in your child's life you feel it would be helpful for us to know about? Please explain.

20. What are your goals for your child as he/she enters the Acton Public Schools Preschool?

The wonderful ethnic mix in our Preschool is reflective of that now found within our Public Schools. With this mix come varying family customs and traditions. We appreciate your taking the time to answer these additional questions.

1. What is your family's ethnic or cultural background?
2. How do you identify yourself?
3. How comfortable are you speaking and reading English?
4. What traditions, objects or foods symbolize your family?

5. Why are these things important? What values or history do they represent?

6. What values do you want us to teach your child?

7. How can we validate and support your family's lifestyle here at our school?

8. What songs, rhymes, chants, stories or toys could we include that would represent and support your home culture?

9. Does your family celebrate birthdays? Do you have special traditions related to these celebrations?

10. Would you be willing to come and share your home culture with your child's class?

11. Is there any additional information you feel it would be helpful for staff to know as they come to know your child?

(Parent Signature)

Thank you!