

Preschool Application Form
Title I Program, Melrose Public Schools
Melrose, Massachusetts

Child's full name: _____ Nickname: _____ Sex: M F
Address: _____ Home Telephone _____
Email address: _____ Cell Phone: _____
Birthdate: _____ Age now _____ (yrs/months)
Child's Primary Language: _____ Does child speak any other language? Yes/No
If yes, what language? _____ Is it the primary language of parents? Yes/No

REASONS FOR APPLYING TO THE PROGRAM: Please list any concerns you have about your child's development (social, emotional, academic, physical) that you feel may impact on their school readiness, adjustment to school or their school performance.

Is this child a foster child? Yes/No

Does your family receive or are you eligible for any state or federally subsidized financial assistance programs? Yes/No

Has this child ever attended Head Start or Even Start program(s)? Yes/No

Has this child ever attended Early Intervention? Yes/No If your child received Early Intervention services, please indicate reason and dates of service: _____

Is your child currently receiving services from any specialists(s) i.e., speech, physical therapy, etc? _____

(Optional): Are parents: Married: _____ Divorced? _____ Separated? _____ Other: _____
Does child live with: Both parents? _____ Mom? _____ Dad? _____ Guardian? _____ Relative? _____

Father's name _____ Father's Primary Language: _____
Occupation: _____ Daytime Telephone Number: _____
Business name/address: _____
Education completed: High School () College () College Plus ()

Mother's name _____ Mother's Primary Language: _____
Occupation: _____ Daytime Telephone Number: _____
Business name/address: _____
Education completed: High School () College () College Plus ()

Other children in family:

| Name | Birthdate | Relationship | Grade/at home |
|------|-----------|--------------|---------------|
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Is there any history of learning disabilities in family? Yes/No. If yes, please describe: _____

What previous group experience has this child had (daycare, childcare, preschool, etc)? _____

HEALTH INFORMATION:

Child's Doctor: _____ Doctor's Address/Telephone Number: _____

Does child have any serious illness? _____ Serious Accidents: _____

Long term hospitalizations? _____ Significant operations? _____

Disabilities: _____ Allergies: _____

Chronic Illness: (ie ear infections) _____ Does your child wear glasses? _____

A hearing device? _____ Physical Limitations? _____ Steady Medications: _____

Nebulizer/Inhalant/Epi-Pen: _____

PARENT'S OBSERVATIONS:

Have you observed any difficulties or concerns about your child's vision, hearing, walking, speaking or coordination?

Please describe fully.

Has this child been evaluated or serviced by any specialists either within or outside the Melrose Public Schools? Yes/No.

If so, please explain the reason for evaluation and outcome including if child received services:

DEVELOPMENTAL HISTORY

Any known complications at birth? _____

Age when child first put words together _____ crawled _____ walked _____

Age at which child acquired bowel control _____ bladder control _____

DESCRIPTION OF CHILD: Please tell us about your child's special characteristics, interests or what he/she likes to engage in at home. For example, his/her interest in toys, books, outdoor play, peer interactions. Please attach an additional page if necessary.

If your child is not eligible for Title I, what preschool experience do you plan for next year? _____

COMPLETE AND MAIL THIS FORM NO LATER THAN **February 26, 2010** TO:

Franklin Early Childhood Center

16 Franklin Street

Melrose, MA 02176

For More information, please call 781-979-2260.

For office use only: 2010-2011

Date received: _____ Accept/Not Accept _____ Wait List _____

Preference: AM/PM _____ Reason: _____