

**Belmont Public Schools
Preschool Program Application**

Child's Name: _____ **Date of Birth:** _____

Child's Address: _____

Name of Mother/Guardian: _____ **Phone:** _____

Address: _____ **Email:** _____

Name of Father/Guardian: _____ **Phone:** _____

Address: _____ **Email:** _____

Name and ages of siblings:

Name: _____ **Age:** ____ **Name:** _____ **Age:** ____

Name: _____ **Age:** ____ **Name:** _____ **Age:** ____

Who else lives in the child's home? _____

Has your child attended school before? Yes: _____ **No:** _____

If yes, name of school: _____

Number of Days per week: _____ **Dates of Attendance: From:** _____ **To:** _____

Is your child reluctant to talk? Yes: _____ **No:** _____

Comments (if any):

Do other people have difficulty understanding your child's speech? Yes: _____ **No:** _____

Comments (if any):

Does your child speak in sentences? Yes: _____ **No:** _____

Comments (if any):

Does your child use a normal tone of voice? Yes: _____ **No:** _____

Comments (if any):

Does your child play well with others? Yes: _____ **No:** _____

Comments (if any):

Is your child upset by change? Yes: _____ No: _____

Comments (if any):

Does your child have temper tantrums that seem unusual? Yes: _____ No: _____

Comments (if any):

Is your child toilet trained? Yes: _____ No: _____

Comments (if any):

Has your child received services/evaluation through Early Intervention? Yes: _____ No: _____

Comments (if any):

What opportunities has your child had to interact with other children outside your home?

What activities are favorites for your child?

Is there anything that the preschool staff should know about your child or your situation? (i.e., medical issues, vision, hearing, ear infections, fears):

Why are you interested in an integrated preschool experience for your child?

What is the primary language spoken in your home? _____

Class schedules will be finalized by the time of the lottery. For planning purposes please indicate your preferences by priority:

_____ **I am interested in a 3 day AM program**

_____ **I am interested in a 4 day AM program**

_____ **I am interested in a 4 day PM program**

_____ **I would consider any program**

Parent Signature

Date