



# REGIONAL SCHOOL DISTRICT 13

## Preschool Program Application

Submit all applications to:

Regional School District 13/Preschool Program  
 Office of Student Services and Special Education  
 135 Pickett Lane, PO Box 190, Durham, CT 06422

Child's Name	Date of Birth	Gender
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female

Mailing Address
_____
_____

<b>Parent 1 Name</b>	_____	<b>Parent 2 Name</b>	_____
<b>Address</b>	_____ _____	<b>Address</b>	_____ _____
<b>Phone</b>	<input type="checkbox"/> Home <input type="checkbox"/> Cell	<b>Phone</b>	<input type="checkbox"/> Home <input type="checkbox"/> Cell
<b>Employer</b>	_____ _____	<b>Employer</b>	_____ _____
<b>Work Phone</b>	_____	<b>Work Phone</b>	_____

<b>Parents are:</b>	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced
<b>Child lives with:</b>	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father Only	<input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian/Other



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Do you have any questions or concerns about your child's:

- Listening and understanding
- Ability to talk clearly
- Seeing clearly
- Amount of energy

Explain:

### Other Children In the Home

Name	Age	Grade

### Child's Developmental History

<input type="checkbox"/> Low Birth Weight (Under 3 lbs. 4 oz)	<input type="checkbox"/> Premature birth (Under 7 ½ lbs)	<input type="checkbox"/> Medical information
<input type="checkbox"/> Eating and growth problems	<input type="checkbox"/> Lead poisoning Level: _____	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Frequent ear infections	
<input type="checkbox"/> Developmental concerns	<input type="checkbox"/> Food allergies (List below):	
Toilet trained:    Yes    No Age trained: _____		

Explain:



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What language is spoken at home?	
What language does the child speak at home?	
Do you need a translator?	

Did or does your child attend another preschool? Yes No	Name and Address:
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Please check any words or characteristics that apply to your child:		
<input type="checkbox"/> Affectionate	<input type="checkbox"/> Shy of fearful	<input type="checkbox"/> Easily frustrated
<input type="checkbox"/> Calms easily	<input type="checkbox"/> Difficult to handle	<input type="checkbox"/> Happy
<input type="checkbox"/> Moody/Sad	<input type="checkbox"/> Very active	<input type="checkbox"/> Quick tempered
<input type="checkbox"/> Learns quickly	<input type="checkbox"/> Distractible	<input type="checkbox"/> Curious

<input type="checkbox"/> Seeks out other children for play	<input type="checkbox"/> Likes to be alone in quiet play
<input type="checkbox"/> Seeks help when needed	<input type="checkbox"/> Plays well with other children
<input type="checkbox"/> Likes to sit and listen to a story	<input type="checkbox"/> Can stay focused on a project

Has your children been referred or have received *Birth to Three* services? Yes No

Is there anything else you would like us to know about your child?

\_\_\_\_\_

Have any of your other children been enrolled in the Regional School District 13 Preschool Program? Yes No Which Program? \_\_\_\_\_

Were you referred by a Regional School District 13 Preschool Family? Yes No  
Name: \_\_\_\_\_

Highest level of education? Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

What specific family structure would you like to share with us? (Cultural, educational, religious)

\_\_\_\_\_

Is there a family history of learning disabilities? Yes No

\_\_\_\_\_