

# Application

## Concord Public Schools Intearated Preschool



Dear Parents/Guardians:

Attached is the preschool application for the Concord Public Schools Integrated Preschool. Children who turn five prior to September 1, 2008 or children who are not three years old by August 31, 2008 are not eligible for this program. Concord residents and children of employees of the Concord Public Schools/Concord-Carlisle Regional Public Schools have priority placement in the program; however, children from other towns are eligible to apply as well.

- ☺ The Concord Public Schools Integrated Preschool is located at the Ripley Building at 120 Meriam Road in Concord.
- ☺ There are two sessions available. Both sessions are four day programs and meet on Mondays, Wednesdays, Thursdays, and Fridays, (no Tuesdays). The AM session meets from 9:00-11:30 AM. The PM session meets from 12:30-3:00 PM. We do not offer double sessions or a full-day program.
- ☺ The fee for either program is \$275 per month.
- ☺ Parents are responsible for providing transportation to and from the program each day.
- ☺ If the number of applicants exceeds the number of available slots, then a lottery will be held.

**Applications must be received by February 15, 2008 to be eligible for the lottery. Applications received after February 15, 2008 will be accepted but will be placed at the end of any waiting list generated.**

- ☺ A photocopy of your child's birth certificate must accompany the application to be considered complete.

**Applications may be brought in-person to the Special Education Office in the Ripley Building or sent to:**

Jennifer DeFrancesco  
Concord Public Schools Integrated Preschool  
Ripley Building  
120 Meriam Road  
Concord, MA 01742

- ☺ You will be notified by mail by Friday, March 14, 2008 if your child is selected for a preschool slot. At that time, a \$50 non-refundable deposit is required to save the slot.

If you have further questions about the Concord Integrated Preschool, please contact:  
Jennifer DeFrancesco, 978-202-1148, email: [jdefrancesco@colonial.net](mailto:jdefrancesco@colonial.net)

# Application for Concord Public Schools Integrated Preschool

Child's Full Name: \_\_\_\_\_

First

Middle

Last

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Town and State where child was born: \_\_\_\_\_

Home Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Primary Language Spoken in the Home? \_\_\_\_\_

Has your child had any previous school, daycare, or early intervention experiences? yes/no

If so, where? \_\_\_\_\_ How many hours per week? \_\_\_\_\_

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**We are currently restructuring our preschool programs to create a variety of educational settings (such as multi-age classes or single age classes). Exact programming will be based upon interested applicants and ages of children currently in our programs.**

**\*\*\* Please indicate your preference for the AM or PM session with #1 or #2. If you have any special circumstances, please add that information here. Thank you!**

\_\_\_\_\_ **I prefer AM session.**

\_\_\_\_\_ **I prefer the PM session.**

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## **Family Information:**

	First & Last Name	Age	Highest Level of Education	Occupation	Health	Living at Home?
Mother						
Father						
Siblings						
Others in Household?						

## Developmental History

1.) Please describe your pregnancy and delivery with this child. Please describe any special concerns, anything unusual, and medical treatments if applicable regarding both mother and baby.

2.) Developmental Milestones (please note ages when accomplished and anything unusual)

~ Crawled? \_\_\_\_\_

~ Sat without support? \_\_\_\_\_

~ Walked alone? \_\_\_\_\_

~ Toilet trained?      Urine? \_\_\_\_\_      Bowel? \_\_\_\_\_

                                 Day? \_\_\_\_\_      Night? \_\_\_\_\_

3.) Speech and Language Milestones (please note ages when accomplished and anything unusual)

~ Did your child make babbling and cooing sounds during the first six months of life? \_\_\_\_\_

~ When did your child use single words? \_\_\_\_\_

~ When did your child use 2 and 3 word sentences? \_\_\_\_\_

4.) Do you feel that your child has any difficulty with speech? If so, what sounds? If no, skip to question 6.

How well is he/she understood by parents? \_\_\_\_\_

                                 Siblings? \_\_\_\_\_      Strangers? \_\_\_\_\_

5.) Do you feel that your child has difficulty with language? If so, please describe. If no, skip to question 6.

6.) Do you have any concerns about your child's cognitive/thinking skills? If so, please describe.

7.) What is the average number of uninterrupted hours of sleep that your child gets per night? \_\_\_\_\_

8.) Describe any dangerous behaviors, fears, habits, or mannerisms that your child has. \_\_\_\_\_

9.) Does your child display any special talents that you would like us to know about? \_\_\_\_\_

10.) What are this child's favorite toys/activities? \_\_\_\_\_

How long can he/she play with these toys/activities? \_\_\_\_\_

11.) How many hours per day does your child watch television? \_\_\_\_\_

What type of shows? \_\_\_\_\_

12.) Does your child enjoy being read to? \_\_\_\_\_ How often is he/she read to? \_\_\_\_\_

13.) What is the average age range of his/her playmates? \_\_\_\_\_

14.) Please list any important environmental factors or experiences in your child's history (such as divorce, death of a parent, family member illness, or any prolonged separations). \_\_\_\_\_

15.) Please list several words or phrases that you would use to best describe your child. \_\_\_\_\_

**Place a check next to any statement that describes your child.** Please feel free to comment on anything you feel is helpful.

- |  |   |
|--|---|
| <input type="checkbox"/> understands what you say to him/her                       | <input type="checkbox"/> is stubborn                          |
| <input type="checkbox"/> can follow simple directions                              | <input type="checkbox"/> is shy/timid                         |
| <input type="checkbox"/> is eager to try new things                                | <input type="checkbox"/> enjoys going to new places           |
| <input type="checkbox"/> is overly fearful of unknown people                       | <input type="checkbox"/> has blank staring spells             |
| <input type="checkbox"/> goes to bed easily without struggle                       | <input type="checkbox"/> is very active                       |
| <input type="checkbox"/> is under active/lethargic                                 | <input type="checkbox"/> learns new things quickly or easily  |
| <input type="checkbox"/> prefers to be alone                                       | <input type="checkbox"/> does what he/she is told to do       |
| <input type="checkbox"/> can wait his/her turn in games                            | <input type="checkbox"/> is usually a leader with peers       |
| <input type="checkbox"/> can stick with an activity for 15 minutes                 | <input type="checkbox"/> loves outdoor activities             |
| <input type="checkbox"/> gets along well with other children                       | <input type="checkbox"/> prefers quiet indoor activities      |
| <input type="checkbox"/> likes to be "waited" on                                   | <input type="checkbox"/> is unusually quiet                   |
| <input type="checkbox"/> eats poorly or is very picky                              | <input type="checkbox"/> is unusually loud                    |
| <input type="checkbox"/> does not get along with other children                    | <input type="checkbox"/> sucks thumb/fingers or pacifier      |
| <input type="checkbox"/> keeps working until something is finished                 | <input type="checkbox"/> is easily excited                    |
| <input type="checkbox"/> has frequent nightmares                                   | <input type="checkbox"/> tolerates teeth and hair brushing    |
| <input type="checkbox"/> is bothered by food or clothing textures                  | <input type="checkbox"/> tolerates hand washing and bathing   |
| <input type="checkbox"/> is impulsive/quick to act                                 | <input type="checkbox"/> is very curious/likes new challenges |
| <input type="checkbox"/> is an overall happy child                                 | <input type="checkbox"/> has frequent tantrums                |
| <input type="checkbox"/> separates easily from parent/care giver                   | <input type="checkbox"/> is easily frustrated or upset        |
| <input type="checkbox"/> gets along easily with familiar adults                    | <input type="checkbox"/> bangs head when angry                |
| <input type="checkbox"/> is bothered by changes in daily routine                   | <input type="checkbox"/> is bothered by loud noises           |
| <input type="checkbox"/> gets along with unfamiliar adults                         | <input type="checkbox"/> seems to be happy most of the time   |
| <input type="checkbox"/> has difficulty doing what he/she is told                  | <input type="checkbox"/> bites nails                          |
| <input type="checkbox"/> is afraid of new situations/overly cautious               | <input type="checkbox"/> is aggressive                        |
| <input type="checkbox"/> says "I can't" or gives up easily                         | <input type="checkbox"/> cries/whines a lot                   |
| <input type="checkbox"/> likes to sing little songs or commercials                 | <input type="checkbox"/> repeats actions or words needlessly  |
| <input type="checkbox"/> is very attached to someone/something                     | <input type="checkbox"/> dresses self with minimal assistance |
| <input type="checkbox"/> is aware of dangerous situations                          | <input type="checkbox"/> cries when not given own way         |
| <input type="checkbox"/> loves to draw or color                                    | <input type="checkbox"/> doesn't mind being dirty             |
| <input type="checkbox"/> is clumsy/trips a lot or has difficulty with coordination |   |

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

**Medical Information**

Child's Pediatrician: \_\_\_\_\_  
Name Address Phone

Family Dentist: \_\_\_\_\_  
Name Address Phone

Has your child ever been hospitalized? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Does your child suffer from frequent ear infections? If yes, how many/how often and describe the course of treatment. \_\_\_\_\_

Does your child have difficulty hearing or seeing? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Has your child ever had a hearing or vision test? \_\_\_\_\_ If yes, which one or both and please explain the results. \_\_\_\_\_

Have you ever been told that your child has lead poisoning or high lead levels? \_\_\_\_\_  
If yes, when was the last blood test for lead and what course of treatment, if any, has been taken. \_\_\_\_\_

Does your child currently have any special needs that require speech and language services, occupational, or physical therapy?? \_\_\_\_\_ If yes, please explain and describe any services your child is receiving. \_\_\_\_\_

Has your child ever received in the past, speech and language, occupational, or physical therapy? \_\_\_\_\_ If yes, please explain what services, where were they received, and reason for dismissal. \_\_\_\_\_

Is your child taking any medications? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Do any family members have speech, language, or learning difficulties? If yes, please describe the difficulty and what is their relationship to your child? \_\_\_\_\_

Any other parental concerns or questions regarding your child?: \_\_\_\_\_