

Application 2009-2010



Concord Public Schools Integrated Preschool

Dear Parents/Guardians:

Attached is the preschool application for the Concord Public Schools Integrated Preschool. Children who turn five prior to September 1, 2009 or children who are not three years old by August 31, 2009 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 four sessions available. All sessions are four day programs and meet on Mondays, Wednesdays, Thursdays, and Fridays, (no Tuesdays). The two AM sessions meet from 9:00-11:30 AM. The two PM sessions meet from 12:30-3:00 PM. We do not offer double sessions, extended day, or a full-day program.
- ☺ The tuition 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 13, 2009 to be eligible for the lottery. Applications received after February 13, 2009 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 13, 2009 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

Application for Concord Public Schools Integrated Preschool Program 2009-2010

Child's Full Name: _____

First

Middle

Last

Gender: _____ Date of Birth: _____ Nickname (if any): _____

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: _____ Alternate Phone Number: _____

Email Address: _____

What is the 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? _____

***** Please indicate your preference for an AM or PM session with #1 or #2. If you have any special circumstances or cannot attend a specific session, please add that information here. Thank you!**

_____ **AM session.**

_____ **PM session.**

Family Information:

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

Developmental History

- 1.) Please describe the pregnancy and delivery with this child. Please note 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

Child's 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?
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? _____

Do you have any other concerns or questions regarding your child? _____