

Please indicate your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice:

Mornings: 2 days \_\_\_\_\_ 3 days \_\_\_\_\_

5 days \_\_\_\_\_

Afternoons: 3 days \_\_\_\_\_ 4 days \_\_\_\_\_



# Application Watertown Public Schools Just Friends Preschool Program

## Identifying Information (please include last names for child and parents)

Child's Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) (Nickname) \_\_\_\_\_ Sex \_\_\_\_\_ DOB: \_\_\_\_\_

Father's Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) Mother's Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First)

Address: \_\_\_\_\_ Street Address \_\_\_\_\_ Town \_\_\_\_\_ Address \_\_\_\_\_ Street Address \_\_\_\_\_ Town \_\_\_\_\_

Phone: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Phone \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

### Other household members:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Related Information

Primary language spoken at home \_\_\_\_\_ Primary language spoken by child \_\_\_\_\_

Does anything about your child's speech and/or language cause concern? \_\_\_\_\_

Is your child toilet-trained? Day \_\_\_\_\_ Night \_\_\_\_\_

Does your child take a nap regularly? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

Does your child have any special fears we should know about? \_\_\_\_\_

Please share any further information you feel would be helpful for us to know about your child. \_\_\_\_\_

Has your child had any special evaluations? (i.e speech & language, hearing, vision, orthopedic) If yes, please explain. \_\_\_\_\_

What are your expectations for your child through your association with the Just Friends Program? \_\_\_\_\_