

Please indicate your 1st, 2nd, and 3rd choice:

Mornings: 2 days _____ 3 days _____

5 days _____

Afternoons: 3 days _____ 4 days _____



Application – SY 2018-2019 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? _____