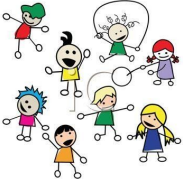


Please indicate your choice:

Mornings: 4 Days _____

Afternoons: 4 Days _____



Application – SY 2021-2022 Watertown Public Schools Just Friends Preschool Program

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

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

Father's Name: _____ Mother's Name: _____
(Last) (First) (Last) (First)

Address: _____ Address _____
Street Address Town Street Address Town

Phone: _____ Phone _____
Home Work Home Work

Email for both parents: _____

Other household members:

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

Related Information

Primary language spoken at home

Primary language spoken by child

Do you have any concerns about your child's speech & language? _____ Development? _____ Motor? _____ Behavior? _____

*If yes to any of these, please briefly describe your concerns:

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? (Example: spiders, loud noises, toilet flushing, separation from parent)

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

Has your child had any developmental 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?
