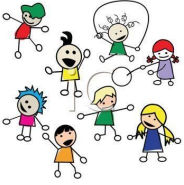


Please indicate your choice:

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: \_\_\_\_\_ (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 \_\_\_\_\_

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?

\_\_\_\_\_