

Please indicate your choice:

Mornings: 4 Days \_\_\_\_\_

Afternoons: 4 Days \_\_\_\_\_



## Application – SY 2022-2023

### 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 \_\_\_\_\_ Cell \_\_\_\_\_ Phone \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Email for both parents: \_\_\_\_\_

#### Other household members:

Name

Age

Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 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. \_\_\_\_\_

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

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