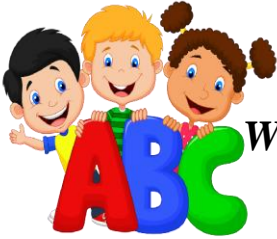


Please indicate your choice:

Mornings: 4 Days _____

Afternoons: 4 Days _____



Application – SY 2023-2024

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. _____

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