

GRISWOLD INTEGRATED PRESCHOOL APPLICATION

Please complete this form and return to the Griswold Elementary School office. Families must complete an application for their child to be considered for placement in the preschool program. **Completion of application does not guarantee placement.** Students of families who complete the application will be contacted in the spring for a brief screening. If the number of applications exceeds the number of available slots, a lottery system will be utilized. If your child is selected for a slot, registration will be completed at that time. Deadline for applications is March 31st.

Name of Child: _____ Date of Birth: _____

Name of Parent(s) /Guardian(s): _____

Best Phone number: _____ Email: _____

FAMILY INFORMATION

Father's Name: _____ Age: _____ Occupation: _____

Father's highest level of education: _____

Address: _____

Mother's Name: _____ Age: _____ Occupation: _____

Mother's highest level of education: _____

Address: _____

Names of Siblings	Age	Gender	Speech, language or learning concerns?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other individuals living in the home? Yes No? Relationship to child: _____

PRESCHOOL OR DAYCARE EXPERIENCE

Name of School/ Program: _____ Dates attended: From _____ to _____

Did the teacher / daycare provider ever raise any concerns about your child? Yes No

Explain: _____

Were there any special services or supports that your child received in the past (ex. B-3)? Yes No

Explain: _____

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MEDICAL INFORMATION

Pediatrician: _____ Address: _____

Are there any health concerns that may affect school performance? _____

Allergies: _____ Diagnosis: _____

Is your child presently on medication? _____ Yes _____ No Medication Name: _____

Has your child had any significant injuries or hospitalizations? _____ Yes _____ No Explain: _____

Has your child ever had a hearing test? _____ Yes _____ No When: _____

Do you think your child has hearing problems? _____ Yes _____ No

Do they have a history of ear infections/ fluid in the ears? _____ Yes _____ No

Has your child been treated for any of these hearing/ear problems? :

Eustachian tube dysfunction _____ Yes _____ No When: _____

Fluid in the ears _____ Yes _____ No When: _____

Wax in the ears _____ Yes _____ No When: _____

Ruptured ear drum _____ Yes _____ No When: _____

Hearing loss _____ Yes _____ No When: _____

Has your child had any of these surgical procedures?

Tonsillectomy _____ Yes _____ No When: _____

Adenoidectomy _____ Yes _____ No When: _____

Myringotomy (PE) tubes _____ Yes _____ No When: _____

Tympanoplasty (eardrum graft) _____ Yes _____ No When: _____

Has your child ever had an eye examination? _____ Yes _____ No When: _____

Does your child wear glasses? _____ Yes _____ No

Does your child have private Health Insurance? _____ Yes _____ No

Would you like information about Husky Insurance (state assistance health insurance)? _____ Yes _____ No

DEVELOPMENTAL HISTORY:

Speech and Language Information

At what age did your child:

Begin to talk? _____ Put 2-3 words together? _____ Use Sentences? _____

Does your child generally have difficulty expressing their wants and thoughts? _____ Yes _____ No

Explain: _____

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Do people outside of the family have trouble understanding your child's speech? ____ Yes ____ No

Explain: _____

Does your child have any trouble following two verbal directions in a row? ____ Yes ____ No

Explain: _____

Does your child have trouble understanding/ appear to be confused by what is said to them? ____ Yes ____ No

Explain: _____

Is there a language other than English that is spoken in your home? ____ Yes ____ No

Which Language? _____ Does your child understand that language ____ Yes ____ No

Does your child speak that language ____ Yes ____ No

Motor/Behavior Milestones and Characteristics:

At approximately what age did your child:

Crawl: _____

Sit up: _____

Walk: _____

Is your child toilet trained? ____ Yes ____ No Comments: _____

Does your child nap regularly? ____ Yes ____ No Comments: _____

Please indicate any concerns about your child's sleep patterns:

Falling asleep: _____

Sleeping though the night: _____

Waking up: _____

How would you categorize your child's response to separation?

Easy? _____

Challenging? _____

Slow to warm up? _____

Extremely Difficult? _____

Please check any of the following which describe your child:

____ Talkative

____ Active

____ Confident

____ Demanding

____ Clumsy

____ Shy

____ Dependent

____ Very Active

____ Calm

____ Easy going

____ Outgoing

____ Quiet

____ Aggressive

____ Independent

____ Curious

____ Cautious

Does your child know any colors? _____

Numbers? _____

Letters? _____

Does your child like to sing songs or repeat nursery rhymes? ____ Yes ____ No

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What games / interests does your child enjoy? _____

Does your child have an opportunity to play with other children his/her own age? ____ Yes ____ No

Describe how your child interacts with other children: _____

What are your child's strengths or greatest characteristics? _____

If there is any additional information about your child that you would like us to know please describe:

GENERAL INFORMATION

Would you like any information about adult literacy (i.e. GED) ____ Yes ____ No

Have there been any changes in your child's life recently (i.e. birth of a sibling, divorce, death, move)? _____

Are there any agencies / programs assisting your family at this time? (i.e. Head Start, LEARN) _____

Please include any additional information that will help us understand and better provide an optimal educational program for your child: _____

Would you like to schedule an individual conference with a school counselor to discuss any information that you felt you could not include on this questionnaire or to elaborate on any information you included above?

____ Yes, Please contact me so we can discuss my child's or my families' needs further.

____ No, I do not wish to schedule a meeting at this time.

If there are any special considerations (ex. parent employment, daycare, transportation needs, etc.) that would need to be considered related to the session placement in our program (AM session 9-11:30 or PM session 12:30-3) please describe: _____

