Carlisle Public Schools
83 School Street Carlisle, MA 01741 Phone: 978-369-6550 Fax: 978-371-2400

CARLISLE INTEGRATED PRESCHOOL APPLICATION FORM

Application Date: ___/___/___

Child's Name: _____ Date of Birth: ___/___/___

Address: _____ Age: _____

_____ Sex: ▢ Male ▢ Female

Primary Language: _____ Second Language: _____

Check one:
Interested in 5 full days @ $9,600 / school year (8:45-2:45) ▢
Interested in 5 half days @ $6,200/ school year (8:45-12:15) ▢

Parent/Guardian Information	
Name: _____	Name: _____
▢ Biological Parent ▢ Adoptive Parent ▢ Guardian	▢ Biological Parent ▢ Adoptive Parent ▢ Guardian
Sex: ▢ Male ▢ Female	Sex: ▢ Male ▢ Female
Address: _____	Address: _____
_____	_____
Phone Number: _____	Phone Number: _____
Email Address: _____	Email Address: _____
Occupation: _____	Occupation: _____
Work Place: _____	Work Place: _____
Work Phone: _____	Work Phone: _____

Sibling Information			
Name	**Sex**	**Age**	**Grade Level / School**
	▢ Male ▢ Female		
	▢ Male ▢ Female		
	▢ Male ▢ Female		
	▢ Male ▢ Female		

Please list any additional members of the household.			
Name	**Sex**	**Age**	**Relation**
	▢ Male ▢ Female		
	▢ Male ▢ Female		
	▢ Male ▢ Female		

Please list 3 emergency contacts for your child.			
Name	**Sex**	**Relation**	**Phone Number**
	▢ Male ▢ Female		
	▢ Male ▢ Female		
	▢ Male ▢ Female		

Please list information for your child's pediatrician and dentist.

Pediatrician's Name: _____

Address:_____
_____ Phone Number:_____

Dentist's Name: _____

Address:_____
_____ Phone Number:_____

Please list all prior daycare/childcare/preschool experiences:	
School or Center:_____	Address:_____
Dates Attended:_____	Phone Number:_____
School or Center:_____	Address:_____
Dates Attended:_____	Phone Number:_____
School or Center:_____	Address:_____
Dates Attended:_____	Phone Number:_____

Please share with us how you first learned about the Carlisle Integrated Preschool, and why you are interested in applying for entrance at our school.

_____

_____

_____

_____

What would you like your child to gain from their preschool experience?

_____

_____

_____

_____

Developmental History

Was this child adopted or born via surrogate? ▢ Yes ▢ No
If yes, please describe the circumstances and any important details:

_____

_____

Weeks Gestation: ____ weeks

Birth Weight: ____ pounds, ____ ounces
Birth Length: ____ inches

Were there any difficulties during pregnancy, birth, or shortly thereafter? ▢ Yes ▢ No if yes, please explain:

_____

_____

Has your child had any hospitalizations, serious illnesses, or accidents? ▢ Yes ▢ No if yes, please explain:

_____

_____

Are there any current medical concerns for your child, including allergies? ▢ Yes ▢ No if yes, please explain:

_____

_____

Has your child had frequent ear infections? ▢ Yes ▢ No if yes, please explain:

_____

_____

Has your child had any hearing difficulties? ▢ Yes ▢ No if yes, please explain:

_____

_____

Has your child had any vision difficulties? ▢ **Yes** ▢ **No** **if yes, please explain:**

_____

_____

Please describe your child's current toilet training status.

_____

_____

_____

Do you have any concerns for your child's development? ▢ **Yes** ▢ **No** **if yes, please explain:**

_____

_____

Please indicate the age at which your child demonstrated the following milestones.

Turn Over: _____

Crawl: _____

Walk: _____

Walk Up Stairs Unassisted: _____

Walk Down Stairs Unassisted: _____

Run Smoothly: _____

Jump with Both Feet: _____

Kick Large Ball: _____

Catch Large Ball: _____

Smile: _____

Babble: _____

Speak First Word: _____

Speak 2-word Phrase: _____

Speak Short Sentence: _____

Follow One-Step Direction: _____

Follow Two-Step Direction: _____

Was your child evaluated for Early Intervention services? ▢ Yes ▢ No

Did your child qualify for Early Intervention services? ▢ Yes ▢ No

Which services did your child receive?

▢ Occupational Therapy ▢ Speech and Language Therapy ▢ Physical Therapy

▢ Vision Therapy ▢ Feeding Therapy ▢ Other: _____

Please describe your child's speech articulation:

▢ hard to understand ▢ only familiar adults can understand ▢ easy to understand

If you have concerns for your child's speech articulation, please describe below:

_____

_____

Please describe your child's interests and preferred activities.

_____

_____

_____

_____

Please describe your child's social skill development.

_____

_____

_____

_____

Please describe the method of behavior management at home.

_____

_____

_____

_____