

LITCHFIELD PUBLIC SCHOOLS 2019-2020 Preschool Initial Application

**Must be received by 12:00 noon, February 28, 2019 for blind lottery.
Please mail or drop off your application to Center School between the hours of
9:30am and 2:30pm.**

Student Last Name _____ Student First Name/MI _____ Phone # _____

Birth Date: _____ Male Female

Age Level: 3 (Your child must turn 3 years old on or before January 1, 2020 and be toilet trained.)

Preferred Time (one only): AM only PM only Either

Age Level: 4 (Your child must turn 4 years old on or before January 1, 2020 and be toilet trained.)

Preferred Time (one only): AM only PM only Either

Home Address _____
Number _____ Street _____ Town _____

Mailing Address _____
P. O. Box _____ Town _____ Zip Code _____

Mother's/Father's/Guardian's Name _____

Home Phone Number _____

Cell Phone Number _____

E-mail address _____

How did you hear about our Preschool Program?

Litchfield BZ Newspaper WZBG

Oliver Wolcott Library Pediatricians Office Post Office

Other: _____

(Please see reverse side of application.)

PRESCHOOL PARENT QUESTIONNAIRE

This is a preschool program offered by the Litchfield Public School system that services children with special education needs, as well as typically developing children. The program is designed according to the State of Connecticut Preschool Curriculum Framework. Please fill out this questionnaire to the best of your ability. The intent is to help us get to know your child. There are no "right or wrong" answers. Thank you for sharing this information with us. Please feel free to attach an additional page as needed.

What are the primary languages spoken in your child's home?

How does your child interact with other children?

What kind of activities does your child choose to do during the day?

How does your child adapt to changes in activity or location?

How does your child respond when frustrated?

How would you describe your child's personality?

Please check what best describes your child's independence with the following routine activities:

	Full Assistance	Some Assistance	No Assistance
Cleaning up toys			
Taking responsibility for their own belongings			
Toileting			
Managing their outer clothing			

Is there anything else that you would like to tell us about your child?

(Please see reverse side of application.)