REACH

Preschool Application

2020– 2021 School Year

Date:

Child’s Name: (Circle) Male Female

Child’s Age: Child’s Birthdate:

Parent’s Names:

Parent’s Address: Town:

Telephone: E-Mail Address:

Emergency Contact:

Emergency Telephone:

Development Survey

1. Do you have any special concerns about your child’s development?

Yes No Please explain:

1. Does your child have any medical problems? (allergies, hearing, respiratory, etc.) If yes, please explain:
2. Does your child attend a daycare, nursery school or play group experience?

Please identity:

1. Does your child:

|  |  |
| --- | --- |
|   | separate easily from parent |
|   | play cooperatively with peers |
|   | use the toilet independently |
|   | follow adult directions |
|   | eat independently |
|   | exhibit coordination when running, jumping & climbing |
|   | demonstrate clear speech patterns |
|   | use age-appropriate vocabulary and grammar |
|   | use scissors, crayons and various art materials appropriately |

Comments:

1. Please list your child’s favorite activities.
2. Please list any food or activity restrictions specific to your child.
3. How did you hear about our program?

Region 12 School District welcomes your interest in the REACH Preschool program.  Please complete the application form and return the form to Allyson O'Hara, Director of Special Services, 11A School Street, Washington Depot, CT 06794 or e-mail the form to oharaa@region-12.org.