

Middletown Preschool Program Application

Parent/Guardian _____ Emergency Contact Name/ Relationship _____
Address _____
Phone Number _____ Emergency # _____
E-Mail _____

Child's Name: _____ Male _____ Female _____
Child's Date of Birth _____ Race _____
Child's Social Security # _____ (necessary for School Readiness State Report)

Father's Name: _____
Level of Education _____ Father's Date of Birth: _____
If employed, where _____ Job Title _____
Cell phone # _____

Mother's Name: _____
Level of Education _____ Mother's Date of Birth: _____
If employed, where _____ Job Title _____
Cell phone # _____

Sibling's Name: _____ Date of Birth _____
School _____ Grade _____

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School _____ Grade _____

Sibling's Name: _____ Date of Birth _____
School _____ Grade _____

Sibling's Name: _____ Date of Birth _____
School _____ Grade _____

Child's Primary Language: _____

Language Spoken In Home: _____

Family Physician: _____

Health Insurance Provider (if applicable): _____

Total Estimated Family Income: _____

Please list all people currently living in your home:

Specify any health problems (Allergies, Diabetes, Epilepsy, etc.):

State any medication presently in use by your child:

Do you think your child hears well?

Yes____ No____

If no, explain_____

Do you think your child talks like other children his/her age?

Yes____ No____

If no, explain_____

Can you understand most of what your child says?

Yes____ No____

If no, explain_____

Do you think your child walks, runs, and climbs like other children?

Yes____ No____

If no, explain_____

Do you have any concerns about your child's vision?

Yes____ No____

If no, explain_____

Has your child had any serious medical problems?

Yes____ No____

If no, explain_____

Does anything about your child worry you?

Yes____ No____

If no, explain_____

Please specify if your primary language is other than English.

My dominant language is _____.

Please check if you will require an interpreter during your child's meeting.

If possible please provide an interpreter to assist me during the screening process.

Please check that you have read and understand that your child will lose his/her place in our preschool program if you are late with more than one payment or do not have your child present at least one day per month.

PARENT'S SIGNATURE_____

DATE: _____

Please complete the above form to the best of your ability and return to:

Melissa Benzi
Pupil Services
Middletown Board of Education
311 Hunting Hill Avenue
Middletown, CT 06457

Phone: (860) 638-1428
Fax: (860) 638-1435
Email: benzim@mps1.org