

EXCEL INCLUSIVE PRESCHOOL APPLICATION

NEW MILFORD PUBLIC SCHOOLS
Office for Student Affairs
50 East Street
New Milford, CT 06776
(860) 354-2654 FAX (860) 210-2682

TODAY'S DATE: _____

APPLICATION DEADLINE: 03-01-17

You will be contacted for your child to attend a play-based classroom visitation later in the month. Anticipated date: Wednesday, March 22, 2017. Email correspondence is the fastest and most efficient way to correspond. Please provide the following information.

_____ I do NOT have access to email

_____ I am able to receive correspondence by email

Email address: _____

Please indicate which school district you live in:

Hill and Plain _____

Northville _____

Please indicate which program you are interested in for your child for the 2017-18 school year:

3 year old program _____

4 year old program _____

Child's Name: _____

D.O.B.: _____

Address: _____

Sex: M _____ F _____

Phone: _____

Parent(s): _____

Siblings: _____

Age _____ School _____

Age _____ School _____

Age _____ School _____

Age _____ School _____

Age _____ School _____

CHILD'S SPOKEN LANGUAGE

Child's Dominant Language is: _____

Child speaks dominant language clearly: Child understands dominant language:

_____ Occasionally

_____ Occasionally

_____ Sometimes

_____ Sometimes

_____ Mostly

_____ Mostly

Is a language other than English spoken at home? Yes _____ No _____

If yes....What language(s)? _____

What is the primary language spoken to the child at home? _____

What language does the child use at home? (please check below)

_____ Only English

_____ Mostly English and sometimes _____

_____ Mostly _____ and sometimes _____

_____ Only _____

For children whose dominant language is not English also complete the following:

Child speaks English clearly:

_____ Occasionally

_____ Sometimes

_____ Mostly

Child understands English:

_____ Occasionally

_____ Sometimes

_____ Mostly

DEVELOPMENTAL HISTORY

Approximately at what age did your child:

Walk alone _____

Say first word _____

Use simple sentences _____

Become toilet trained _____

Does your child:

Dress self with minimal assistance _____

Use bathroom with minimal assistance _____

Separate easily from parent _____

Follow adult directions _____

Play with other children _____

Demonstrate clear speech patterns _____

Does your child have any medical problems? (examples: significant birth history, allergies, asthma, respiratory problems, hearing difficulties) If so, please explain.

Does your child currently take any medication? If so, please explain.

Has your child ever received special services such as Birth to Three services, speech and language therapy, physical therapy or occupational therapy? If so, please explain.

Has your child had any group social experiences (preschool, day care, play group, library, etc.)? If so, please explain.

What are your child's favorite activities? What type of toys does your child like?

How do you believe your child can contribute to the class as a role model student? Please feel free to add anything else you wish to share with the EXCEL team to help us better understand your child.

APPLICATION DEADLINE: March 1, 2017

Applications received after the deadline will not be included in the lottery. These applicants will be added to the waiting list after the lottery is completed.

Please return the completed application to:

**Laura M. Olson
New Milford Public Schools
Office for Student Affairs
50 East Street
New Milford, CT 06776**