

Session Preference:
9:00 – 2:00 _____
9:00 – 12:00 _____

REACH
Preschool Application
2018- 2019 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:

2. *Does your child have any medical problems? (allergies, hearing, respiratory, etc.) If yes, please explain:*

3. *Does your child attend a daycare, nursery school or play group experience?*

Please identify:

4. *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:

5. *Please list your child's favorite activities.*

6. *Please list any food or activity restrictions specific to your child.*

7. *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. For further information about the REACH program, please visit the webpage found on the Washington Primary School website under REACH: <http://www.region-12.org/subsite/wps>.