

Shaker Regional School District

Preschool Application

SAU #80
58 School St.
Belmont, NH 03220

Child's Name: _____ Date of Birth _____

Residence Address: _____

Mailing Address: _____

Phone Number: _____

Mother's Name: _____

Occupation: _____

Father's Name: _____

Occupation: _____

Siblings:	Name	Age	School (If applicable)
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Child's Physician: _____ Phone Number: _____

Person completing this application: _____

Relationship to student: _____

Please answer the following questions as they relate to your child:

1. Has this child attended daycare? Yes No

If yes, please check the appropriate boxes:

Daycare Center
 Home with sitter
 Home daycare

Full Day
 Half Day
 Other

2. Has your child attended a preschool program? Yes No

If yes, please check the appropriate box:

Full Day Half Day Occasionally

Number of days per week: _____

3. My child uses: (check all that apply)

Crayons
 Blocks
 Finger paint
 Listens to music

Pencil/pen
 Scissors
 Bike/trike
 Imaginative play

Glue/paste
 Puzzles
 Paper

4. When my child is with other children, he/she:

- Plays with other children
- Stands on the side and watches others
- Prefers to play by himself/herself

5. Describe your child's personality and behavior with:

Other children in a group:
With one other child:
With older children:
With younger children:

6. My child walked at the age of _____

7. My child began to talk at the age of _____

8. My child talks in:

- Single words
- Phrases
- Sentences

9. My child is:

- Toilet trained
- Partially trained
- Not toilet trained

10. Upon separation from me, my child responds:

- By crying, being upset
- By crying, being upset—but it only lasts for a few moments
- Without problem

11. My child's sleeping schedule is:

- Sleeps through the night
- Frequently wakes up
- Takes naps at some point in the day

12. My child takes medication for _____

13. My child is allergic to _____

14. Foods that my child will not eat are _____

15. At home, we speak in this/these languages _____

16. My child has the following medical concerns _____

17. What other information would you like us to know about your child?

I understand that as part of the application process for the integrated preschool program, I agree to the following:

- Should there be more applications than spaces available, the district will choose children by a lottery/draw system
- I am responsible for providing transportation to and from the program
- I am responsible for providing any necessary supplies for my child (such as diapers, snack, change of clothing)
- The opportunity for children without handicaps to participate in the preschool program for more than one year is at the discretion of the preschool staff and is determined by program needs. Participation of one year does not guarantee participation in the subsequent year.
- I understand that there is no charge for participation in this program.
- In the event that the number of handicapped students should greatly increase, the district reserves the right to discontinue spaces for children who are not handicapped. The district will do everything possible to avoid this situation.

Parent's Signature

Date

Please return the completed application to:

Tonyel Mitchell-Berry
Director of Student Services
Shaker Regional School District
58 School Street
Belmont, NH 03220

Or: Applications may be dropped off at the SAU #80 office