**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: 03-01-20

**You will be contacted for your child to attend a play-based classroom visitation later in the month. Anticipated date: Wednesday, March 18, 2020. 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 2020-21 school year:**

**3 year old program\_\_\_\_\_ 4 year old program\_\_\_\_\_**

**Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M\_\_\_\_\_\_ F\_\_\_\_\_\_ Non-binary**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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: Child understands English:**

 **\_\_\_\_\_Occasionally \_\_\_\_\_Occasionally**

 **\_\_\_\_\_Sometimes \_\_\_\_\_Sometimes**

 **\_\_\_\_\_Mostly \_\_\_\_\_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, 2020

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**