

Captain Isaac Paine Preschool Program
Application for the 2018 - 19 School Year
(Please Print Clearly)

Child's Name: _____ M _____ F _____

Child's Date of Birth: _____ (child must be 3 on or before 9/1/18)

Child's Address: _____

Parent/Guardian Name(s): _____

Phone Number(s): _____

Email(s): _____

Primary Language Spoken at Home: _____

My child is toilet trained during the day: Yes _____ No _____

My child has been screened by Child Outreach: Yes _____ Not Yet _____

Please call Julie LePain at 647-7560 to schedule a screening by 6/30/18 if your child hasn't been screened yet.

Select your preference for the preschool sessions (only select one). We will try to accommodate:

AM (9:00 - 11:30) _____ PM (12:30-3:00) _____ No preference _____

*For 3-year-olds only - I would prefer my child attend the Preschool Program (as planning allows):

3 days a week _____ 2 days a week _____ 5 days a week _____

I understand that acceptance into the preschool program is by lottery. If accepted, a nonrefundable enrollment fee is required no later than Friday, July 13, 2018. The enrollment fee may be paid in two installments but both installments are due before the date above. If the fee is not paid by July 13, 2018, the child will forfeit their spot in the program.

Parent/Guardian Signature: _____ Date: _____

- Check if you have another sibling you will be entering into the preschool lottery.
- Check if you are not interested in preschool this year, but would like to stay on the informational mailing list.

Captain Isaac Paine Preschool Program
Student Profile for the 2018 - 19 School Year
(Please Print Clearly)

Child's Name: _____

Form Completed By: _____ Relationship to Child: _____

Skills:

Is your child able to accomplish the following tasks:

- | | | |
|---|--------|-------|
| Hold a crayon and draw lines? | Yes___ | No___ |
| Use alternate feet walking up or down stairs? | Yes___ | No___ |
| Zip a zipper? | Yes___ | No___ |
| Cut with scissors? | Yes___ | No___ |
| Fasten buttons? | Yes___ | No___ |
| Eat independently with minimal assistance? | Yes___ | No___ |
| Toilet self, including cleaning and dressing? | Yes___ | No___ |
| Speaks clearly enough to be understood by others? | Yes___ | No___ |
| Understands and is able to follow single directions? | Yes___ | No___ |
| Do you have any concerns about your child's speech, language or communications? | Yes___ | No___ |

Please explain. _____

Social:

- | | | |
|--|--------|-------|
| Does your child become upset when away from you for extended periods of time? | Yes___ | No___ |
| Is your child hesitant or afraid to mix with other children? | Yes___ | No___ |
| Does your child follow most directions the first time given? | Yes___ | No___ |
| Does your child display strong reactions to discipline? (i.e. temper tantrums, etc.)? | Yes___ | No___ |
- Please describe your child's personality (ex. - timid, outgoing, cries easily, even tempered, bossy, talkative, immature, fearful, etc.).
