

**Captain Isaac Paine**  
**Preschool Program Application**  
(Please Print Clearly)

Child's Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ (child must be 3 on or before 9/1 of school year)

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 June 30th if your child hasn't been screened yet.***

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

AM (9:05- 11:35) \_\_\_\_\_    PM (12:35-3:05) \_\_\_\_\_    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. The enrollment fee may be paid in two installments . If the fee is not paid by the due date, 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**

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.).

\_\_\_\_\_

\_\_\_\_\_