



REGIONAL SCHOOL DISTRICT 13

Preschool Program Application

Submit all applications to:

Regional School District 13/Preschool Program
Office of Student Services and Special Education
135 Pickett Lane, PO Box 190, Durham, CT 06422

Child's Name	Date of Birth	Gender
<hr/>	<hr/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

Mailing Address
<hr/>
<hr/>

Parent 1 Name	<hr/>	Parent 2 Name	<hr/>
Address	<hr/>	Address	<hr/>
Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell	Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell
Email	<hr/>	Email	<hr/>
Employer	<hr/>	Employer	<hr/>
Work Phone	<hr/>	Work Phone	<hr/>

Parents are:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced
Child lives with:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father Only	<input type="checkbox"/> Grandparents Guardian/Other



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Do you have any questions or concerns about your child's:

- ☐ Listening and understanding
- ☐ Ability to talk clearly
- ☐ Seeing clearly
- ☐ Amount of energy

Explain:

Other Children In the Home

Name	Age	Grade

Child's Developmental History

<input type="checkbox"/> Low Birth Weight (Under 7 ½ lbs))	<input type="checkbox"/> Premature birth (Under 3 lbs. 4 oz)	<input type="checkbox"/> Medical information
<input type="checkbox"/> Eating and growth problems	<input type="checkbox"/> Lead poisoning Level: _____	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Frequent ear infections	
<input type="checkbox"/> Developmental concerns	<input type="checkbox"/> Food allergies (List below):	
Toilet trained: Yes No Age trained: _____		
Explain:		



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What language is spoken at home?	
What language does the child speak at home?	
Do you need a translator?	

Did or does your child attend another preschool? Yes No	Name and Address:
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Please check any words or characteristics that apply to your child:		
<input type="checkbox"/> Affectionate	<input type="checkbox"/> Shy or fearful	<input type="checkbox"/> Easily frustrated
<input type="checkbox"/> Calms easily	<input type="checkbox"/> Difficult to handle	<input type="checkbox"/> Happy
<input type="checkbox"/> Moody/Sad	<input type="checkbox"/> Very active	<input type="checkbox"/> Quick tempered
<input type="checkbox"/> Learns quickly	<input type="checkbox"/> Distractible	<input type="checkbox"/> Curious

<input type="checkbox"/> Seeks out other children for play	<input type="checkbox"/> Likes to be alone in quiet play
<input type="checkbox"/> Seeks help when needed	<input type="checkbox"/> Plays well with other children
<input type="checkbox"/> Likes to sit and listen to a story	<input type="checkbox"/> Can stay focused on a project

Has your child been referred or have received *Birth to Three* services? Yes No

Is there anything else you would like us to know about your child?

Have any of your other children been enrolled in the Regional School District 13 Preschool Program? Yes No Which Program? _____

Were you referred by a Regional School District 13 Preschool Family? Yes No
Name: _____

Highest level of education? Parent 1: _____ Parent 2: _____

What specific family structure would you like to share with us? (Cultural, educational, religious)

Is there a family history of learning disabilities? Yes No