



Fairhaven Public Schools
Integrated Preschool Program Application
School Year 2018-2019

Child's Name: _____ Date of Birth: _____

Gender of Child: M / F (circle) Primary Home Language _____

Address: _____

Email: _____

Telephone Number: _____

Mother's Name: _____

Address (if different): _____

Father's Name: _____

Address (if different): _____

Siblings and Ages: _____

Any Preschool / Daycare experience? _____ Dates: _____

Name of Preschool/ Daycare attended? _____

SOCIAL RELATIONSHIPS:

Does your child separate easily from you? _____

Does your child play well alone? _____ How long? _____

What are your child's favorite activities? _____

What are your child's favorite toys? _____

Do you have concerns about your child's activity level _____

Do you have any concerns about your child's development? _____

Does your child enjoy playing with other children? _____

Do you have any concerns about interactions with other children? _____

DEVELOPMENTAL HISTORY:

Age began sitting: _____ Walking: _____ Talking: _____

Is your child's speech easily understood by others? _____

Does your child indicate his/her toileting needs? _____

Is child toilet trained? _____ Does he/she have toileting accidents? _____

MEDICAL HISTORY:

Allergies: _____

Hospitalization:

Date: _____ Reason: _____

Hearing:

Any hearing difficulty? _____

Was hearing ever tested? _____

What would you most like your child to get from this preschool experience? _____

For the 2018/2019 year the tuition is \$1750.00.

Preschool Screenings will be scheduled for Monday, March 12th and Tuesday, March 13th. Applications are due by 3:00 pm on Wednesday, February 28th. Applications received after this date will be added to the waitlist.

Please Return To:

Fairhaven Public Schools
128 Washington Street
Fairhaven, MA 02719
Attn/ Diane Sullivan