

Return by: May 1, 2018

**WILLINGTON CENTER SCHOOL PRE-KINDERGARTEN  
APPLICATION (CONFIDENTIAL) 2018-2019**

Child's Name \_\_\_\_\_ Sex: M ( ) F ( )  
(last) (first) (middle)

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents/Guardian \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Siblings \_\_\_\_\_ DOB \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ DOB \_\_\_\_\_

Child's primary language \_\_\_\_\_

Is your child toilet trained? \_\_\_\_ yes \_\_\_\_ no

Does your child nap? \_\_\_\_ yes \_\_\_\_ no. If so, when? \_\_\_\_\_

Describe any school or playgroup experiences in which your child has participated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include any additional, pertinent information about your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did anyone refer you to the program? \_\_\_\_\_

**Check any that apply:**

- concerns about behavior
- concerns about hearing
- concerns about vision
- concerns about speech
- concerns about motor skills (balance, coordination, strength)
- past Birth to Three services
- family history of educational disability
- family income may qualify as low income

For office use only: Date received \_\_\_\_\_ # on application \_\_\_\_\_