



# Marshfield Public Schools

DANIEL WEBSTER SCHOOL Early Childhood Office 1456 Ocean Street Marshfield, MA 02050

PH 781-834-5048 FAX 781-834-5072 [www.mpsd.org](http://www.mpsd.org)

Donna R. Admirand, Director of Early Childhood

## MARSHFIELD PUBLIC PRESCHOOL APPLICATION

**CHILDREN MUST BE RESIDENTS OF MARSHFIELD AND BE THREE OR FOUR YEARS OLD BY AUGUST 31, 2019 TO BE ELIGIBLE FOR THE 2019-2020 PRESCHOOL CLASSES.**

**Returning students: Please complete the Returning Student Form**

Please indicate the program you are interested in applying for. We will do our best to honor placement requests.

**3 Year old Program** – Four days (Mon/Tues/Wed/Fri)

\_\_\_\_\_ Daniel Webster School 9:00 – 11:30 am

\_\_\_\_\_ Martinson Elementary School 8:30 – 11:00 am

If there is no availability in the Martinson Elem. School would you accept an opening at the Daniel Webster School? \_\_\_\_\_

If there is no availability in the Daniel Webster School would you accept an opening at Martinson Elem. School? \_\_\_\_\_

**3 Year Old Program** – Two Days (Mon/Wed or Tues/Fri) - Daniel Webster School ONLY

Preference: Mon/Wed \_\_\_ Tues/Fri \_\_\_

If there is no availability in the two day program would you accept an opening in the four day program? \_\_\_\_\_

**4 Year Old Program** – Four days (Mon/Tues/Wed/Fri)

\_\_\_\_\_ Daniel Webster School 12:30 – 3:00 pm

\_\_\_\_\_ Martinson Elementary School 12:00 – 2:30 pm

Please indicate the current school district in which you live:

Daniel Webster \_\_\_\_\_ Eames Way \_\_\_\_\_ Governor Winslow \_\_\_\_\_ Martinson \_\_\_\_\_ South River \_\_\_\_\_

How did you hear about our programs? \_\_\_\_\_

Child's Name \_\_\_\_\_

Last

First

Middle

Preferred Name (Name You Wish Your Child To Use In The Classroom) \_\_\_\_\_

Address \_\_\_\_\_ P.O. Box \_\_\_\_\_ Zip Code \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Age As Of 8/31/2019 \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

Place Of Employment \_\_\_\_\_

Work Telephone Number \_\_\_\_\_ Occupation \_\_\_\_\_

Level Of Education Completed \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Place Of Employment \_\_\_\_\_

Work Telephone Number \_\_\_\_\_ Occupation \_\_\_\_\_

Level Of Education Completed \_\_\_\_\_

Indicate Language Spoken In The Home \_\_\_\_\_ Second Language \_\_\_\_\_

List Other Children In The Family; Please Indicate Ages \_\_\_\_\_

\_\_\_\_\_

List Others Living In The Household And Their Relationship To Your Child

\_\_\_\_\_

Has Your Child Had A Previous School Or Day Care Experience?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name And Address Of School Or Program Attended: \_\_\_\_\_

Has Your Child Had An Evaluation Or Screening For Special Education Conducted Through A Hospital Or The Public Schools?

Yes \_\_\_ No \_\_\_ If Yes, Please Enclose The Results Of The Evaluation Or Screening.

Do You Have Concerns About Your Child's Development In Any Area?

If So, Please Explain: \_\_\_\_\_

**Medical Risk Factors:**

Please Check Any Of The Following That Apply To Your Child:

Allergies \_\_\_\_\_ To What? \_\_\_\_\_

Hearing Impairment \_\_\_\_\_ Vision Impairment \_\_\_\_\_

Physical Challenges \_\_\_\_\_ Speech/Language Concerns \_\_\_\_\_

Asthma \_\_\_\_\_ Seizures \_\_\_\_\_ Ear Infections \_\_\_\_\_

Ear Tubes \_\_\_\_\_ Other \_\_\_\_\_

Please Describe Health Concerns, Significant Injuries, And/Or Hospitalizations

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Is Treatment Being Received For The Above? \_\_\_\_\_ If Yes, Please Explain

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Were There Any Significant Problems During Pregnancy/Delivery?

Please Explain \_\_\_\_\_

Is Your Child Presently On Medications? \_\_\_\_\_ If Yes, Please

Describe \_\_\_\_\_

Please Indicate Any Other Circumstances Or Information That You Wish To

Share \_\_\_\_\_

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**Optional:**

Are Parents Living Together? \_\_\_\_\_ Is There A Custody Arrangement? \_\_\_\_\_

If So, Please Explain \_\_\_\_\_

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Is Child A Foster Child? \_\_\_\_\_ Ward Of The State? \_\_\_\_\_

Family Gross Income Per Year \_\_\_\_\_

Is There A History Of Special Needs In Your Child's Family? Yes \_\_\_\_ No \_\_\_\_

If Yes, Please Explain: \_\_\_\_\_

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Please Share Your Feelings About Your Child's Participation In An Integrated Program (A Program That Serves Children With Special Needs And Children Without Special Needs)

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Parent/Guardian Name/Signature

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Date

Relationship To Child : \_\_\_\_\_

Results Of A Physical Examination By Your Child's Physician And Record Of Immunizations Will Be Required Upon Acceptance Into The Program.

**All Information In This Application Is Confidential.**

If You Have Any Questions, Please Call Donna Admirand At (781) 834-5048.

**Please Return Application To:**

**Donna Admirand, Director Of Early Childhood  
Early Childhood Office  
Daniel Webster School  
1456 Ocean Street  
Marshfield, Ma 02050**

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