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 ____________________________________________________________

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

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
__________________________________________________________

Optional:
Are Parents Living Together? ______ Is There A Custody Arrangement? ______ If So, Please Explain

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: ____________________________________________________________________________________

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)

__________________________________________________________

Parent/Guardian Name/Signature ___________________________ 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

Marshfield Public School District is an Equal Opportunity/Affirmative Action employer. Marshfield Public School District does not discriminate on the basis of race, color, religion, national origin, gender, gender identity, sexual orientation, disability, homelessness, or age in programs, activities, or employment.