



Bristol Public Schools Pre-K Program Application

Home School: _____
office use only

Child's Name	DOB	Gender
		<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address:		

Mothers Name: _____ Fathers Name: _____
 Address: _____ Address: _____
 Phone: _____ Home/Cell Phone: _____ Home/Cell
 Email: _____ Email: _____
 Employer: _____ Employer: _____
 Work Phone: _____ Work Phone: _____
 Parents are: Married Single Separated Divorced

Child lives with?	Both Parents	Mother Only	Father Only	Grandparents	Guardians/Other	
List names of other children in the home					Age	Grade

Child's Developmental History

- Low Birth Weight (under 3lbs. 4 oz.)
- Eating and growth problems
- Asthma
- Developmental concerns
- Premature birth (under 7 1/2 months)
- Lead poisoning: Level _____
- Toilet trained? _____ Age Trained? _____
- Food Allergies (List) _____
- Frequent ear infections
- Medical Information

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

- Listening and Understanding
- Ability to talk clearly
- Seeing clearly
- Amount of energy

Explain Concerns: _____

Did your child receive Birth to Three services? _____

Does your child have an IEP? NO YES -Please provide us with a copy

What language is spoken at home? _____ Do you need a translator? Yes No

What language does the child speak at home? _____

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Please check all the words that make you think of 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"/> Happy | <input type="checkbox"/> Very active | <input type="checkbox"/> Moody/Sad | <input type="checkbox"/> Difficult to handle |
| <input type="checkbox"/> Curious | <input type="checkbox"/> Distractible | <input type="checkbox"/> Hot tempered | |
| <input type="checkbox"/> Seeks out other children for play | | <input type="checkbox"/> Likes to be alone in quiet play | |
| <input type="checkbox"/> Is liked by other children | | <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 | |

Have any other of your children been enrolled in Bristol Public Preschools? Yes No

If so, which program: _____

Were you referred by a Bristol Preschool Family? (Y /N) Name: _____

Are there any smokers in the house? _____

Highest level of education? Mother: _____ Father: _____

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

Is there a family history of learning disabilities? _____

Did or does your child attend another preschool? Yes No

Name and Address: _____

****The Bristol School Readiness Program is open to all Bristol residence. Tuition is based on the State of Connecticut Office of Early Childhood sliding scale fee. The fee is determined based on family size and income. Additional reduction may be available to families that meet the hardship guidelines.***

Please complete the below information

Child's Race

Check all that apply: White Black Hispanic Asian Other: _____

Family Size: _____ Yearly Family Income: \$ _____

Does your family receive state assistance: Yes No

Does your child have health insurance? (what kind?) _____

Submit all applications to:

**Bristol Early Childhood Center
School Readiness Office
240 Stafford Ave
Bristol, CT 06010**

Nutrition Questionnaire for Children

Please take time to fill out the nutritional questionnaire. This questionnaire is confidential and will be used only to help the preschool staff provide parents with useful information.

1. How would you describe your child's appetite? (Check one)
 Good Fair Poor Picky
2. How many days per week does your family usually eat meals together? _____
3. How would you describe mealtimes with your child? (Check one)
 Always pleasant Usually pleasant Sometimes pleasant Never pleasant
4. How many meals does your child usually eat per day? _____
5. Which of these foods did your child eat or drink last week? *(Check all that apply)*

Grains		Vegetables		Fruits	
X	<i>(Example bread)</i>		Broccoli		Apples/Juice
	Bagels		Carrots		Bananas
	Bread		Corn		Berries
	Cereal/Grains		French Fries		Grapefruit
	Crackers		Green Beans		Grapes/Juice
	Muffins		Green Salad		Melon
	Noodles/pasta		Greens		Orange/Juice
	Rice		Peas		Peaches
	Rolls		Potatoes		Pears
	Tortillas		Tomatoes		Pineapples
	Other Grains		Other Vegetables		Other Fruits/Juice

Milk and Other Dairy Products		Meat and Meat Alternatives		Fats and Sweets	
X	<i>(Example Milk)</i>		Beef/Hamburger		Cake/Cupcakes
	Whole Milk		Chicken		Candy
	2% milk (reduced-fat)		Cold cuts/lunchmeat		Chips
	1% milk (low-fat)		Dried beans		Cookies
	Skim Milk		Eggs		Doughnuts
	Chocolate Milk		Fish		Fruit-Flavored Drinks
	Cheese		Peanut butter/ nuts		Kool-Aid
	Ice Cream		Pork		Pie
	Yogurt		Sausage/Bacon		Soft Drinks
			Tofu		
			Turkey		
	Other milk and dairy products		Other Meat/Meat Alternatives		Other Fats and Sweets

6. If your child is 5 years of age or younger, does he or she eat any of these foods?
(Check all that apply)

	Hot Dogs		Popcorn		Raw Celery or Carrots
	Marshmallows		Pretzels		Round or Hard Candy
	Nuts and Seeds		Raisins		Whole Grapes
	Peanut Butter				

Nutrition Questionnaire for Children

7. How much 100% juice or juice from concentrate (for example, orange juice, apple juice and grape juice) does your child drink per day? _____

8. How much sweetened beverage (for example, Kool-Aid, fruit punch and soft drinks) does your child drink per day? _____

9. Does your child drink water that is fluoridated or take a fluoride supplement?

- Yes No I Don't Know

10. Does your child take a bottle to bed at night or carry a bottle or sippy cup around during the day?

- Yes No I Don't Know

11. Do you have a working stove, oven, and refrigerator where you live?

- Yes No

12. Were there any days last month when your family didn't have enough food to eat or money to buy food?

- Yes No

13. Does your child spend more than 2 hours per day watching television and videotapes or playing computer games?

- Yes No

14. What concerns or questions do you have about feeding your child
