Bristol Public Schools
Pre-K Program Application

Home School: _____
office use only

Child's Name	DOB	Gender
		☐ Male ☐ Female
Mailing Address:		

Mothers Name: _____ Fathers Name: _____
Address: _____ Address: _____
Primary Phone: _____ Primary Phone: _____
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.) ☐ Premature birth (under 7 1/2 months) ☐ Frequent ear infections
☐ Eating and growth problems ☐ Lead poisoning: Level_____ ☐ Medical Information
☐ Asthma ☐ Toilet trained? _____ Age Trained? _____
☐ Developmental concerns ☐ Food Allergies (List)_____

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? _____

Was your child previously enrolled in Bristol Public Schools, preschool program? ☐ Yes ☐ No
If yes, School/Teacher? _____

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Please check all the words that make you think of your child:

☐ Affectionate	☐ Shy or fearful	☐ Easily frustrated	☐ Calms easily
☐ Happy	☐ Very active	☐ Moody/Sad	☐ Difficult to handle
☐ Curious	☐ Distractible	☐ Hot tempered	

☐ Seeks out other children for play	☐ Likes to be alone in quiet play
☐ Is liked by other children	☐ Plays well with other children
☐ Likes to sit and listen to a story	☐ Can stay focused on a project

The integrated **Peer Program** offers scholars the opportunity to participate in inclusive classrooms that blend children with special needs and community peers.
Are you interested in having your child screened for the integrated **Peer Program**? ☐ Yes ☐ No

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 public or private health insurance? _____

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	*(Example bread)*		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	*(Example Milk)*		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

_____

_____

_____

_____