



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
 Employer: _____ Employer: _____
 Work Phone: _____ Work Phone: _____

Parent s are:	Married	Single	Separated	Divorced
Child lives with?:	Both Parents	Mother Only	Father Only	Grandparents Guardians/Other

Other children in the home?

Name	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 _____
- Food Allergies (List)
- Toilet trained? _____ Age Trained? _____
- Frequent ear infections
- Medical Information

Explain: _____

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

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

What language is spoken at home? _____

What language does the child speak at home? _____

Do you need a translator? _____

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

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

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

Is there anything else you would like us to know about your child? Birth to Three?

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

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 Bristol residence. Tuition is determined once proof of income is submitted. We follows the State of Connecticut Office of Early Childhood sliding scale fee. A copy of the fee scale is available upon request. Hardship is available to families that meet the hardship guidelines.***

Family Size	Annual Family Income			Other state aid?	
Race	White	Black	Hispanic	Asian	Other:

Submit all applications to:

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