



Small Blessings Preschool
PO Box 77 Clark Mills, NY 13321

For office use only

Westmoreland Universal Pre-K Program Application

Child Information

Child's Full Name _____ Date of Birth _____

Child's Street Address _____ Name your child goes by _____

Please write your complete mailing address below, if different:

Gender (Circle one) M F

Primary Language _____

Left or Right Handed (Circle one) L R

Parent Information

Mother's Full Name _____ Phone Number (H) _____

Mother's Street Address _____ (C) _____
_____ Email _____

Mother's Place of Employment _____ Phone Number _____

Occupational Title _____

Father's Full Name _____ Phone Number (H) _____

Father's Street Address _____ (C) _____
_____ Email _____

Father's Place of Employment _____ Phone Number _____

Occupational Title _____

Do you wish to receive email from your teacher on occasion as it pertains to your child? _____

Child's Home Information

Please list all persons residing in, as well as siblings residing outside of, the child's primary residence below:

Name	DOB	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please answer the questions below. All answers will be held in the strictest of confidence.

Please indicate your yearly household income

\$ _____

Please check all that apply:

- Food Stamps
- Public Assistance
- Free or Reduced School Lunch

Has your child ever been reviewed by the Committee for Pre-School Special Education? _____

If yes, when? _____

Does your child have any disabilities? _____

If yes, please describe the nature of the disabilities below:

Child's Educational Experience

Has your child attended a preschool program in the past? _____ If yes, where? _____

How many days per week? _____ How many hours per day? _____

When not at school was your child: Home with a parent? At an in-home daycare center?
 Home with a relative/sitter? At a childcare facility?

Child's Behavioral/Emotional Background

Please check all that apply:

- Child is fearful and worries
- Child throws tantrums
- Child "shuts down" when upset
- Child clings to adults
- Child is easily angered
- Child has trouble sharing
- Child resists rules and boundaries
- Child uses violence when upset
- Other (explain below) _____

Child's Developmental Background

At what age did your child walk? _____ Does your child speak in full sentences? _____

Is your child fully potty trained? _____ Does your child have any bowel or bladder irregularities? _____

What words does your child use to communicate bathroom needs? _____

Is your child more dependent or independent? _____

Does your child verbally communicate his/her basic needs (food, bathroom, warmth, etc.) without being asked? _____

Does your child prefer to play: _____ Does your child seem to be: _____ Do you have any concerns about your child's development? _____

- Alone
- Learning at a slow rate
- Alongside Others
- Having trouble understanding
- With Others
- Acting a younger age

Child's Capabilities

Please check all that apply:

- Can use crayons
- Can use scissors
- Can use a TV/DVD player
- Can use a glue stick
- Can use a pencil
- Can use a computer
- Can use liquid glue
- Can use a telephone
- Other _____

Additional Information

Please explain all that apply

Please list any allergies your child may have. _____

What are the symptoms of a reaction? _____

What care does your child require in such an event? _____

Does your child have any food restrictions other than allergies? _____

Does your child have any medical issues of which we should be aware? _____

What additional care does your child require in regards to the medical issue above? _____