



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 _____

Gender (Circle one) M F

Please write your complete mailing address below, if different:

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
\$ _____

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

Please check all that apply:

If yes, when? _____

◇ Food Stamps

Does your child have any disabilities? _____

◇ Public Assistance

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

◇ Free or Reduced School Lunch

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:

<input type="checkbox"/> Home with a parent?	<input type="checkbox"/> At an in-home daycare center?
<input type="checkbox"/> Home with a relative/sitter?	<input type="checkbox"/> 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? _____