

Office of the Superintendent  
**FAIRHAVEN PUBLIC SCHOOLS**  
**ADMINISTRATIVE CENTER**

128 Washington Street  
Fairhaven, MA 02719

Phone: 508-979-4000-Fax: 508-979-4149  
TTY: 508-992-8542



**Robert N. Baldwin, Ed.D.**  
*Superintendent of Schools*

**David G. Kenney**  
*Special Education Director*

**Paul B. Kitchen**  
*Business Administrator*

**EARLY EDUCATION PROGRAM  
PRESCHOOL APPLICATION  
For School Year 2016-2017**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender of Child: \_\_\_\_\_ Primary Home Language \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Siblings and Ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Prior Preschool Experience: \_\_\_\_\_

- Check here if you would like your child to be considered for the limited slots in the morning session (open to 3 year olds only). Checking box does not guarantee you will get this session.

**SOCIAL RELATIONSHIPS:**

Does your child separate easily from you? \_\_\_\_\_

Does your child play well alone? \_\_\_\_\_ How long? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite toys? \_\_\_\_\_

\_\_\_\_\_

Do you have concerns about your child's activity level? \_\_\_\_\_

\_\_\_\_\_

Do you have any concerns about your child's development? \_\_\_\_\_

\_\_\_\_\_

Does your child enjoy playing with other children? \_\_\_\_\_

Do you have any concerns about interactions with other children? \_\_\_\_\_

\_\_\_\_\_

#### DEVELOPMENTAL HISTORY:

Age began sitting: \_\_\_\_\_ Walking: \_\_\_\_\_ Talking: \_\_\_\_\_

Is your child's speech easily understood by others? \_\_\_\_\_

Does your child indicate his/her toileting needs? \_\_\_\_\_

Does he/she have toileting accidents? \_\_\_\_\_

#### MEDICAL HISTORY:

Allergies: \_\_\_\_\_

Hospitalization:

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Hearing:

Any hearing difficulty? \_\_\_\_\_

Was hearing ever tested? \_\_\_\_\_

What would you like your child to get from this preschool experience? \_\_\_\_\_

\_\_\_\_\_

For the 2016/2017 year the tuition is \$1750.00.

Preschool Screenings will be scheduled for Thurs., March 3<sup>rd</sup> and Tues., March 8<sup>th</sup>. Applications are due by 3:00pm on Tuesday, February 23<sup>th</sup>. Applications received after this date will be added to the waitlist.

Please Return To:

Wendy Williams, Principal  
EAST FAIRHAVEN SCHOOL,  
2 New Boston Rd. Fairhaven MA 02719  
(508) 979-4058