



Preschool Application Form
2017 - 2018 School Year
Today's Date: _____

Please complete this form in its entirety. It contains information that is required by the Commonwealth of Massachusetts.

Child's Name: _____ Date of Birth: ____/____/____
Last Name First Name Middle Name MONTH DAY YEAR

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Gender (circle one) M F Child's Grade Level at Time of Registration: _____

Birthplace: _____ Country of Origin: _____
CITY STATE

School/Preschool Attended Last Year: _____

Has your child ever received special education services? [] Yes [] No

If yes, has a copy of the IEP been provided? [] Yes [] No

Child's Race & Ethnicity: Please check both Ethnicity and Race

Form with two columns: Ethnicity (Check One) and Race (check all that apply). Includes checkboxes for Hispanic/Latino, African-American, Asian, White/Caucasian, Eskimo, Native American, and Pacific Islander.

Family Information

Mother's Name: _____ Address: (if different from above) _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mother's Place of Work: _____ Email: _____

Father's Name: _____ Address (if different from above): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father's Place of Work: _____ Email: _____

Guardian's Name: _____ Address (if different from above): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Guardian's Place of Work: _____ Email: _____

(Legal documentation of guardianship is required for verification).

Marital Status of Parents: [] Married [] Single [] Divorced [] Separated [] Other _____

Child lives with: [] Both Parents [] Mother [] Father [] Guardian [] Other _____

[] Check here if there are any unique custody arrangements we should be aware of. Please provide appropriate documentation.

Siblings:

Sibling Name	Date of Birth	Grade	OK to pick child up

EMERGENCY CONTACT INFORMATION (Please list 4 emergency contacts, starting with parent(s)/guardian(s):

Emergency Contact #1: _____ Relationship to child: _____
Last Name First Name Middle Name

Address : _____ Telephone Number: _____
Street City State Zip Code

- 1) Lives with child? Yes No
- 2) Receives school mail? Yes No
- 3) Can authorize dismissal? Yes No
- 4) Can be released to? Yes No

Emergency Contact #2: _____ Relationship to child: _____
Last Name First Name Middle Name

Address : _____ Telephone Number: _____
Street City State Zip Code

- 1) Lives with child? Yes No
- 2) Receives school mail? Yes No
- 3) Can authorize dismissal? Yes No
- 4) Can be released to? Yes No

Emergency Contact #3: _____ Relationship to child: _____
Last Name First Name Middle Name

Address : _____ Telephone Number: _____
Street City State Zip Code

- 1) Lives with child? Yes No
- 2) Receives school mail? Yes No
- 3) Can authorize dismissal? Yes No
- 4) Can be released to? Yes No

Emergency Contact #4: _____ Relationship to child: _____
Last Name First Name Middle Name

Address : _____ Telephone Number: _____
Street City State Zip Code

- 1) Lives with child? Yes No
- 2) Receives school mail? Yes No
- 3) Can authorize dismissal? Yes No
- 4) Can be released to? Yes No

In order to communicate with you concerning school-related enrichment opportunities, may we share your telephone number, mailing address and e-mail address with the following organization(s)?

- your school's Parent Teacher Organization (PTO) Gloucester Education Foundation
 Gloucester Fisherman's Athletic Association (GFAA)

IMPORTANT PERMISSION QUESTIONS:

Occasionally, your child's school or a photographer from the Gloucester Daily Times takes photographs of school events, including photographs of students. We would like your permission to use these photographs for either educational purposes or publicity.

I give the Gloucester Public Schools, Gloucester Daily Times and the Cape Ann Beacon permission to take photographs of my child and use my child's name in press releases and news articles. OR

I give the Gloucester Public Schools, Gloucester Daily Times and the Cape Ann Beacon permission to take photographs of my child but not my child's name in press releases and news articles. OR

I do not give the Gloucester Public Schools, Gloucester Daily Times and the Cape Ann Beacon permission to take photographs of my child and use my child's name in press releases and news articles.

Permission to use the internet on computers in the library or classroom. Internet access is filtered through a Child Internet Protection Act compliant device, and the schools use reasonable measures to preserve online safety. More information is contained in the District Acceptable Use Policy which is available at each school.

I give permission for my child to use the internet on computers in the library or classroom.

I do not give permission for my child to use the internet on computers in the library or classroom.

Parent/Guardian Signature: _____ Date: _____

This section is for Kindergarten or Pre-school only

The following are questions about your child's development and school experience:

1. Has your child had pre-school experience? Yes No

Where? _____ For how long? ____
 Preschool Name Street Address City/Town

2. If you are registering your child for the Gloucester Preschool, please check your preference for session time:

morning session (8:30 a.m. – 11 a.m.) afternoon session (12 p.m. – 2:30 p.m.)

2. Has your child ever received early intervention services? Yes No

Where? _____ When? _____ Why? _____

3. Does your child have the opportunity to play with children of the same age? Yes No

4. Does your child spend a great deal of time with adults? Yes No

5. Do you feel your child may experience any separation problems? Yes No

6. Is this your family's first public school experience? Yes No

9. What is your child's favorite activity? _____

10. What is your child's least favorite activity? _____

11. What are your child's strengths? _____

12. Is your child able to sit and listen to a story being read? Yes No For how long? ____

13. Are there any issues that would impact your child's ability to learn?

14. Any concerns or comments you may have:

FOR OFFICE USE ONLY	DOCUMENT	DATE REC'D
Medical Record		
Immunizations		
Birth Certificate		
Dental Record		

Check off documents as they are received:

Child's home school district: _____

Gloucester School District Home Language Survey

Dear Parent/Guardian,

In order to help your child succeed in school we ask that you please fill out the following form for EACH child that you are registering in the Gloucester School District. Your answers will help us to provide the best possible educational program for your child.

Student Name _____ Date of Birth _____

Current Grade _____ Country of Birth _____

Date of family's entry into the United States _____

What language did your child first understand or speak? _____

What language do you use most often when speaking to your child at home? _____

What language does your child use most often when speaking with you at home? _____

What language does your child speak most often when speaking with other family members? _____

What language does your child use most often when speaking to friends? _____

What languages does your child read? _____

What languages does your child write? _____

At what age did your child start attending school? _____

Has your child attended school every year since that age? _____ Yes _____ No

If no, please explain:

Would you prefer oral and written communication from the school in English or in your home language? English _____
Home Language _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

December 2016

- please complete both sides -

The following are questions about your child's health:

Child's Name _____

Has your child ever had any of the following:

	YES	NO		YES	NO
Allergies			Heart disease		
Asthma			Hernia		
Behavioral problems			Kidney disease		
Chicken pox			Measles/German measles		
Chronic or recurring illness			Pertussis (whooping cough)		
Congenital anomaly			Prolonged medication		
Convulsions/epilepsy			Serious accident/injury		
Diabetes			Speech difficulty		
Ear infections			Strep throat/tonsillitis		
Emotional problems			Surgery/hospitalization		
Hearing difficulty			Vision difficulty/wear glasses		

If you answered yes to any of these, please explain:

Pre-Natal History: *Were there any problems during pregnancy, birth or early infancy that you think is important to your child's growth and development? If yes, please explain:*

Health History: *Does your child have any health/medical problems that we should be aware of? If yes, please explain:*

Is your child presently seeing a physician or specialist for any medical problems?

Do you have any concerns regarding your child's health, growth and/or development?

Do you have any concerns about your child's nutrition or eating habits?

Is there any further information you may wish to share with us about your child's health that may be helpful?

Does your child have Health Insurance? Yes _____ No _____

- please complete both sides -

Does your child have Dental Insurance? Yes _____ No _____

Health Insurance Carrier _____
Policy # _____

Dental Insurance Carrier _____
Policy # _____

If you have no health insurance, Massachusetts has plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school nurse for more information about these programs. All Communication will be confidential.

In case of emergency, the school will attempt to contact parent/guardian before calling the student's primary care provider (physician). In the event that we are unable to contact you, your child will be transported by ambulance to Addison Gilbert Hospital Emergency Department accompanied by a staff member.

Physician Name _____ Phone _____

Dentist Name _____ Phone _____

Please list all medication that your child takes.

Please check all that apply to your child: Heart Condition _____ Diabetes _____ Asthma _____ ADD/ADHD _____
Seizure Disorder _____ Migraines _____ Depression _____
Other (specify) _____

Allergies (food, medication, environmental, insect) specify _____

Hearing Problems (specify) _____ Left Ear _____ Right Ear _____ Hearing Aides _____

Vision Problems (specify) _____ Eyeglasses _____ Contacts _____ Preferential Seating _____

I give the school nurse permission to administer the following over the counter medications accordance with the established protocols. Tylenol will only be administered to children grades 4 and above. Advil will only be administered to children age 12 and over. Tums will be administered to high school students only.

Advil _____ Anbesol _____ Benadryl _____ Insect Sting Relief _____ Tylenol _____ Tums _____

The following medication must be provided by the parent to be administered by the school nurse:

Robitussin _____ Cepacol/throat lozenge/cough drop _____

I give permission to the school nurse to share information relevant to my Child's health conditions with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care provider for the purpose of referral, diagnosis and treatment. I give Addison Gilbert Hospital permission to administer emergency care. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible.

Parent/Guardian Signature _____ Date _____

High School Only – Health Center Permission (check one)

I give permission for my child to receive all services offered at the Student Health Center at Gloucester High School. OR

I give my permission for my child to receive all services offered at the Student Health Center at Gloucester High School EXCEPT for the provision/prescription of birth control.

Parent/Guardian Signature: _____ Date: _____

- please complete both sides -