

**APPLICATION – Integrated Preschool  
For September 2009**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
Emergency Phone Number \_\_\_\_\_ Primary Language \_\_\_\_\_

Pertinent Medical Information: Child's Physician \_\_\_\_\_

Date of Last Physical \_\_\_\_\_ Results of Physical \_\_\_\_\_

Please check, if applicable and explain:

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

\_\_\_ Medication: \_\_\_\_\_

\_\_\_ Hearing Difficulties: \_\_\_\_\_

\_\_\_ Vision Difficulties: \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

\_\_\_ Healthy Child

General Information:

1. Has your child ever participated in any public or private preschool? If yes, please name \_\_\_\_\_.

2. Number of children living at home? \_\_\_\_\_ Please list names and ages:

\_\_\_\_\_  
\_\_\_\_\_

I understand that this is a public preschool program and my child will be integrated with special needs children. Integrated students are chosen by lottery(if needed) and have to participate in a screening process. I understand that I must provide transportation to and from the program. I am a Leominster resident and my child has **no** special needs, which includes receiving speech therapy or OT services. Tuition payments are **non refundable** if I move out of Leominster, take my child out of the program or if my child is absent I will not get a refund.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Special Request (teacher, days, session) \_\_\_\_\_

We will try our best to honor all requests but there is no guarantee.

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Office Use Only

Teacher \_\_\_\_\_ Session \_\_\_\_\_

Days of Week Attends \_\_\_\_\_