



Preschool Application and Developmental History

Child's Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female		Today's date:		
Street Address:		City:		State:	Zip:	
Which program are you interested in? <input type="checkbox"/> 2 days (T/Th) <input type="checkbox"/> 3 days (M/W/F) <input type="checkbox"/> 5 days (M-F)				Date of Birth:		
Which options are you interested in? <input type="checkbox"/> Early morning drop-off <input type="checkbox"/> After School care <input type="checkbox"/> Dec. vacation week <input type="checkbox"/> Feb. vacation week <input type="checkbox"/> April. vacation week <input type="checkbox"/> June						
MOTHER'S INFORMATION	Mother's Name:					
	Street Address (If different from Applicant):			Apartment/Unit #:		
	City:		State:		Zip:	
	Preferred Phone:		E-mail Address:			
FATHER'S INFORMATION	Father's Name:					
	Street Address (If different from Applicant):			Apartment/Unit #:		
	City:		State:		Zip:	
	Preferred Phone:		E-mail Address:			
Child resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (please explain) _____						
Faith Affiliation/ Name of Church or faith community:						
OPTIONAL INFORMATION (Please check all that apply):						
<input type="checkbox"/> AMERICAN INDIAN/NATIVE AMERICAN		<input type="checkbox"/> BLACK/AFRICAN-AMERICAN		<input type="checkbox"/> Hispanic		
<input type="checkbox"/> ASIAN/PACIFIC ISLANDER		<input type="checkbox"/> CAUCASIAN/ANGLO-AMERICAN		<input type="checkbox"/> Middle Eastern		
				<input type="checkbox"/> other <i>Please specify</i> _____		
Person responsible for all fees:						
Address if different from above:						
<small>New Covenant School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational or admissions policies, scholarship and loan programs, and athletic and other school-administered programs.</small>						

Please submit this completed application, along with the \$50 application fee, to:

New Covenant School

Attn: Admissions

9 Westminster Ave., Arlington, MA 02474

In order for New Covenant School to provide quality care for your child, we need to understand a bit about your child's developmental history. Feel free to write in as much information as you like. Add an additional sheet of paper if necessary. Leave blank any questions that do not apply to your child.

STUDENT INFORMATION		
Name:	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
LANGUAGE DEVELOPMENT		
Language(s) spoken at home:		
Does your child have difficulty with his/her speech? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate:		
Which, if any, special words does your child use to describe their needs?		
DEVELOPMENTAL HISTORY		
Has your child ever been referred for educational assessments or services? If so, what were the results?		
Are there any developmental concerns (diagnosed or suspected) with your child? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain. What are the recommendations for working with your child?		
Do you have any concerns about your child's social development? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate:		
HEALTH		
Please list any current or previous serious illnesses, hospitalizations, special physical conditions, and/or disabilities and explain:		
Regular medications:		
Allergies: (Foods, insects, environmental, medicine)		

EATING HABITS

Please describe any difficulties or special characteristics while eating:

Typical pace during meals:

Slowly with reminders Slowly with no reminders typical/normal pace quickly

TOILET HABITS

When was your child potty trained? Age: _____

Does your child have accidents? Yes No

If yes, how often and at what time of day?

Is your child independent when using the bathroom (such as wiping after a bowel movement)?

Yes No If no, please explain:

SLEEPING HABITS

Does your child become tired or nap during the day? Yes No

If yes, when and how long?

PERSONALITY & ACTIVITIES

How would you describe your child?

Please list your child's favorite toys and activities.

What do you consider your child's activity level to be like?

Prefers quiet activities Normal Physically active Tends to get hyperactive

Does your child like to play alone? Yes No

Are there any fears (dark, animals, etc.) that might come up at school? How do you comfort your child?

Is there anything else we should know about your child?

SOCIAL DEVELOPMENT

Describe the ways in which your child interacts with other children.

Please list any previous experience with other children/schools/childcare (such as sports camps or group swim lessons):

Does your child have trouble separating from you when being dropped off, become shy, or have trouble adjusting to new places and faces? Yes No If yes, what can be done to assist your child?

What is the method of behavior management/discipline at home?

Do you expect any adjustment problems when your child begins school? Please explain:

What would you like your child to gain from their school experience?

FAMILY LIFE

Who else lives at home with your child (relationship/ages)?

Are there any special family concerns we should be aware of such as custody arrangements or other family situations?

PARENT/GUARDIAN SIGNATURE

Signature:	Date:
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