

**Carol Huebner Early Childhood Program  
Application 2020-2021**

**Indicate location and session of your choice** (if interested in multiple sessions, please indicate order of preference by numbering 1-7, with number 1 being your first choice)

**Acton Site**

3 year olds AM \_\_\_\_\_  
3 year olds All Day \_\_\_\_\_  
4 year olds PM \_\_\_\_\_  
4 year olds All Day \_\_\_\_\_

**Boxborough Site**

AM Session \_\_\_\_\_  
PM Session \_\_\_\_\_  
All Day \_\_\_\_\_

Application Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
**First** **Middle** **Last**

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

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

**Parent/Guardian**

**Parent/Guardian**

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

email: \_\_\_\_\_

Who does child live with? \_\_\_\_\_

**Other Children in Family**

Name

Present Grade/School

DOB/ Place of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any additional members of the household: \_\_\_\_\_

Is there a language other than English that is spoken as the primary language at home? Y/N

If yes, Language: \_\_\_\_\_

Did Older sibling(s) attend the Acton-Boxborough Early Childhood Program? Y/N

Name(s) \_\_\_\_\_

Using childcare? Yes\_\_ No\_\_ Name/Address:\_\_\_\_\_

Information about this experience may be helpful to us in working with your child. May we contact the preschool teacher/childcare provider? yes no

Name:\_\_\_\_\_ Telephone: \_\_\_\_\_

Child's response to this experience:  positive satisfactory negative

**HEALTH/FAMILY INFORMATION:**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

1. General Health

Birth Weight: \_\_\_\_\_

Were pregnancy and delivery normal? \_\_\_\_\_

2. Has your child had any hospitalizations, serious illness or accidents? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

3. Are there any current medical concerns for your child, including allergies? \_\_\_\_\_

Y/N

If yes, explain: \_\_\_\_\_

4. Is your child on any medications? \_\_\_\_\_ If yes explain: \_\_\_\_\_

Y/N

5. Eyes: Has your child had trouble seeing (i.e., squinting, rubbing eyes, head tilted, etc) \_\_\_\_\_

If yes, explain:\_\_\_\_\_ Y/N

6. Ears: Does your child have a history of frequent ear infections?\_\_\_\_\_

Y/N

Has your child had any ear/hearing examinations or treatment? \_\_\_\_\_

Y/N

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

7. Have any biological family members had difficulty learning to read? \_\_\_\_\_

Y/N

**DAILY LIVING SKILLS**

1. My child's appetite is usually: \_\_\_\_ Poor \_\_\_\_ Fair \_\_\_\_ Good \_\_\_\_ Excellent

What foods does your child like? \_\_\_\_\_

Dislike? \_\_\_\_\_

2. My child's usual routine for sleep and rest is:

Night: In bed at \_\_\_\_\_ Asleep at \_\_\_\_\_ Up at \_\_\_\_\_

Day: Nap \_\_\_\_\_ If yes, Daily? \_\_\_\_ Occasionally? \_\_\_\_\_  
Y/N

Average duration of nap? \_\_\_\_\_

3. **Children do not need to be toilet trained to attend the preschool.**

Is your child toilet trained? \_\_\_\_\_  
Y/N

What words does your family use for urination \_\_\_\_\_  
bowel movement \_\_\_\_\_

**DEVELOPMENTAL HISTORY**

1. At what age did child walk unassisted? \_\_\_\_\_

2. Any significant medical history affecting motor development? \_\_\_\_\_

3. Child's sense of balance is:

very steady on feet                      1            2            3            4            bumps into things

4. Check skills your child is generally able to do:

- \_\_\_\_\_ walks up stairs unassisted
- \_\_\_\_\_ walks down stairs unassisted
- \_\_\_\_\_ runs smoothly
- \_\_\_\_\_ jumps with both feet
- \_\_\_\_\_ kicks large ball
- \_\_\_\_\_ catches large ball

5. Age when child spoke first words \_\_\_\_\_

6. What is the primary language(s) of the home? \_\_\_\_\_

7. How well does your child pronounce words in the primary language?

- \_\_\_\_\_ Is very hard to understand
- \_\_\_\_\_ Family can understand, but others cannot
- \_\_\_\_\_ Easy to understand

**DEVELOPMENTAL HISTORY (continued):**

8. Does your child use sentences in the primary language?

- \_\_\_\_\_ Not yet, still uses single words
- \_\_\_\_\_ Usually two word combinations, "me go", etc.
- \_\_\_\_\_ Usually 3 or 4 word sentences, "we go home", or longer

9. Does your child follow directions in the primary language?

- \_\_\_\_\_ Not consistently; does not understand; does not want to; or tunes out?
- \_\_\_\_\_ Will follow one simple direction
- \_\_\_\_\_ Follows 2 or 3 simple directions

10. Does your child enjoy books and listening to stories?

- \_\_\_\_\_ Has no interest in stories or looking at picture books
- \_\_\_\_\_ Seems interested but for a very short time
- \_\_\_\_\_ Enjoys simple stories and talking about pictures

11. Can your child point to 10 or more body parts? \_\_\_\_\_  
Y/N

12. Can your child name 10 or more body parts? \_\_\_\_\_  
Y/N

13. Can your child point to the following colors?  
red \_\_\_\_\_ blue \_\_\_\_\_ green \_\_\_\_\_ yellow \_\_\_\_\_

14. Can your child name the following colors?  
red \_\_\_\_\_ blue \_\_\_\_\_ green \_\_\_\_\_ yellow \_\_\_\_\_

15. How does your child play with other children?

- \_\_\_\_\_ Prefers to play alone
- \_\_\_\_\_ Prefers one or two others
- \_\_\_\_\_ Plays mainly with brothers and sisters
- \_\_\_\_\_ Has a lot of friends

16. Who does your child play with at home? \_\_\_\_\_

17. Currently my child's favorite play choices include: \_\_\_\_\_

18. Circle the appropriate number:

- In new situations, my child is:    outgoing 1    2    3    4    fearful
- Holding/cuddling:                    likes    1    2    3    4    dislikes
- Separating from parents:            clings    1    2    3    4    separates easily
- Activity Level:                        very active 1    2    3    4    very quiet

19. Have there been any significant events or changes in your child's life you feel it would be helpful for us to know about? Please explain.

20. What are your goals for your child as he/she enters preschool?

**The wonderful ethnic mix in our Preschool is reflective of what is now found within our Public Schools. With this mix come varying family customs and traditions. We appreciate your taking the time to answer these additional questions.**

1. What is your family's ethnic or cultural background?

2. How do you identify yourself?

3. How comfortable are you speaking and reading English?

4. What traditions, objects or foods symbolize your family?

5. Why are these things important? What values or history do they represent?

6. What values do you want us to teach your child?

7. How can we validate and support your family's lifestyle here at our school?

8. What songs, rhymes, chants, stories or toys could we include that would represent and support your home culture?

9. Does your family celebrate birthdays? Do you have special traditions related to these celebrations?

10. Would you be willing to come and share your home culture with your child's class?

11. Is there any additional information you feel it would be helpful for staff to know as they come to know your child?

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(Parent Signature)

*Thank you!*