

Session Preference:
9:00 – 2:00 _____
9:00 – 12:00 _____

**REACH – Integration - Model
Preschool Application
2017 – 2018 School Year**

Date: _____
Child's Name: _____ (Circle) Male Female
Child's Age: _____ Child's Birthdate: _____
Parent's Names: _____
Parent's Address: _____ Town: _____
Telephone: _____ E-Mail Address: _____
Emergency Contact: _____
Emergency Telephone: _____

Development Survey

1. **Do you have any special concerns about your child's development?**
Yes _____ No _____ Please explain:
2. **Does your child have any medical problems? (allergies, hearing, respiratory, etc.) If yes, please explain:**
3. **Does your child attend a daycare, nursery school or play group experience?**

Please identify:

4. **Does your child:**
_____ separate easily from parent
_____ play cooperatively with peers
_____ use the toilet independently
_____ follow adult directions
_____ eat independently
_____ exhibit coordination when running, jumping & climbing
_____ demonstrate clear speech patterns
_____ use age-appropriate vocabulary and grammar
_____ use scissors, crayons and various art materials appropriately

Comments:

5. **Please list your child's favorite activities.**
6. **Please list any food or activity restrictions specific to your child.**
7. **How did you hear about our program?**

Region 12 School District welcomes your interest in the REACH Preschool program. Please complete the application form and return the form to Allyson O'Hara, Director of Special Services, PO Box 386, Washington Depot, CT 06794 or e-mail the form to oharaa@region-12.org. For further information about the REACH program, please visit the webpage found on the Washington Primary School website under REACH: <http://www.region-12.org/subsite/wps>. The application must be received by March 3, 2017 to be part of the lottery.