



## EAST BRUNSWICK HIGH SCHOOL PRESCHOOL APPLICATION

Session Preference:  AM SESSION 8:00 – 10:00 a.m.       PM SESSION 11:45a.m. – 1:45 p.m.       NO PREFERENCE

Child's Name: \_\_\_\_\_  
*First* *Last*

Known as \_\_\_\_\_ Male  Female

Date of Birth: \_\_\_\_\_ Age as of October 31, 2009: \_\_\_\_years\_\_\_\_months

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

Father's Name: \_\_\_\_\_ Occupation \_\_\_\_\_  
*First* *Last*

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*First* *Last*

Mother's Name: \_\_\_\_\_ Occupation \_\_\_\_\_

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

SIBLINGS		
Name	Sex	Age

OTHERS LIVING WITH FAMILY			
Name	Sex	Age	Relationship

ILLNESS HISTORY				
Does your child have now or has your child had any of the following:				
	Yes	No	Date(s)	Details
Chicken Pox				
Allergies				
Seizures				
Hospitalization				
Chronic Disease				
Handicap				
Frequent Colds				

<b>PHYSICAL DEVELOPMENT/SELF-HELP SKILLS</b>			
<b>Skill or Development</b>	<b>Yes</b>	<b>No</b>	<b>With assistance</b>
Takes off/puts on coat			
Toilet trained, completely			
States need for using bathroom			
Uses toilet by him/her self			
Can feed self/uses utensils			
Washes hands			

**ROUTINES:**

Bedtime: \_\_\_\_\_ Hours of sleep \_\_\_\_\_ Nap? Yes  No  Time of Nap \_\_\_\_\_

Healthy Appetite: Yes  No  Food Allergies? Yes  No

Food likes \_\_\_\_\_ Food dislikes \_\_\_\_\_

Is your child comfortable using the bathroom away from home? Yes  No

Is there any reason why your child cannot participate in activities such as running, jumping, climbing, active games or using playground equipment? Yes  No  If yes, explains below.

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**SOCIAL/EMOTIONAL DEVELOPMENT:**

How does your child deal with separation? \_\_\_\_\_

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Has he/she been away from you for 2 or 3 hours? Yes  No

What is the child's initial reaction to separation? \_\_\_\_\_

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Does your child have any school/class experience? Yes  No

Does your child attend preschool at this time? Yes  No  Where? \_\_\_\_\_

How do you think your child will adjust to preschool? \_\_\_\_\_

Does your child need help with any of the following childhood problems? Please circle.

Thumb sucking

Nail biting

Teasing

Tantrums

Anxiety

Insecurity

Sharing

Taking turns

What causes conflict between you and your child? \_\_\_\_\_

What parental method of discipline have you tried? Circle all you used.

Saying "No"

Giving a choice

Scolding

Bribing

Time Out

Spanking

Coaxing

Isolating

Comparing with  
others

Using firm voice

Praising good  
behavior

Taking away  
privileges

Which method works best with your child? \_\_\_\_\_

Does your child understand the concept of "Time Out?" Yes  No  \_\_\_\_\_

**TELL US ABOUT YOUR CHILD'S PLAYMATES:**

Older, younger or same age? \_\_\_\_\_

Boys or girls? \_\_\_\_\_ Every day or sometimes? \_\_\_\_\_

Is your child able to interact positively when at play? Explain. \_\_\_\_\_

What type of play activities does he or she enjoy most? Name them. \_\_\_\_\_

Does your child have an imaginary friend? \_\_\_\_\_

Is your child happy playing alone? \_\_\_\_\_

Does your child watch television? \_\_\_\_\_ Hours per day? \_\_\_\_\_

Favorite programs \_\_\_\_\_

Do you have any pets? Yes  No  Names of pets \_\_\_\_\_

Any other experience/travel that you think has enriched your child's life? \_\_\_\_\_

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**COGNITIVE/LANGUAGE DEVELOPMENT:**

Does your child speak English clearly? \_\_\_\_\_

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Does your child speak any other language besides English? \_\_\_\_\_

Is your child's vocabulary age-appropriate? \_\_\_\_\_

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Does your child ask questions? \_\_\_\_\_

What subjects interest this child most? \_\_\_\_\_

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Does your child enjoy books and being read to? \_\_\_\_\_

Favorite books? \_\_\_\_\_

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Is your child able to sit for a short period of time to listen to stories, watch a puppet show, etc?

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Does your child engage in imaginative play? Explain. \_\_\_\_\_

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**Is your child able to:**

	<b>Yes</b>	<b>No</b>
Count 2 to 3 objects		
Recognize and point to body parts		
Recognize printed name		
Follow simple directions		
Recognize primary/secondary colors		
Recognize basic shapes		
Understand simple concepts like 'big' 'small'		
Sit for a short period of time		
Repeat address and phone number		

**VERY IMPORTANT**

**This application is our only means of knowing your child. Please write a narrative about your child as the family knows him/her. You may write as much as you want. Include information about personality, type of play enjoyed, interactions with family members and friends, what this child's interests are at the moment, etc. If you want to elaborate on application questions, please do. Also include why you want your child to attend EBHS Preschool. Thank you.**

**RETURN COMPLETED APPLICATION TO:**

**East Brunswick High School, Preschool Education  
380 Cranbury Road  
East Brunswick, NJ 08816**