



EAST BRUNSWICK HIGH SCHOOL
380 Cranbury Road
East Brunswick, New Jersey 08816
BEARS AND CUBS PRESCHOOL APPLICATION
2019 – 2020 School Year

Dear Parents:

Thank you for your interest in the East Brunswick High School Bears and Cubs Laboratory Preschool.

The criteria for application are:

1. Child must be 3 years old as of October 31, 2019.
2. Child must be completely toilet trained.
3. Parent must be an East Brunswick resident.
4. Parent must be able to transport child to and from school.
5. Child must have up-to-date immunizations (including an annual flu shot between the dates of 9/1-12/31).
6. Those preschoolers that did not attend in the previous year need an updated physical from a primary care provider.

In order for your application to be reviewed:

- * A copy of your child's immunization record must be attached to the application.
- * A written narrative about your child is essential to the selection process
(See the last page of the application)

We offer one session: Mornings: 8:00 AM – 10:00 AM

RETURN COMPLETED APPLICATION TO:

Administration Building
760 Route 18
East Brunswick, NJ 08816
c/o Mary Gran

Important Dates

Applications are available on the district website @ ebnet.org. Applications are also available in the main office at East Brunswick High School located at 380 Cranbury Road or at the reception desk at the Administration Building located at 760 Route Eighteen.

- Applications must be returned by: May 17, 2019
- Notification of acceptance by 2nd week of June.
- First Day of School: To Be Announced
- October – June, Three days per week: Tuesdays, Wednesdays, and Thursdays

EAST BRUNSWICK HIGH SCHOOL PRESCHOOL APPLICATION

Child's Name: _____
First *Last*

Nickname (if applicable): _____ Male Female

Date of Birth: _____ Age as of October 31, 2019: ____years ____months

Address: _____ Phone: _____

Father's Name: _____
First *Last*

Occupation: _____ Mobile: _____

Business Address: _____ Phone: _____

Mother's Name: _____
First *Last*

Occupation: _____ Mobile: _____

Business Address: _____ Phone: _____

Parent's e-mail Address: _____

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				

PHYSICAL DEVELOPMENT/SELF-HELP SKILLS		
Skill or Development	Yes	No
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: _____

Are there any activities that your child is restricted from due to medical issues? If yes explain:

SOCIAL/EMOTIONAL DEVELOPMENT:

How does your child deal with separation? _____

Has your child had any school/class experiences? Explain _____

Is your child presently enrolled in another program? If yes, where? _____

Has your child experienced any temper tantrums? If yes, how have you addressed this at home?

When disciplining your child, what method(s) have you found to be most successful? _____

TELL US ABOUT YOUR CHILD'S PLAYMATES:

Does your child socialize outside of your home? _____

Boys or girls: _____ Every day or sometimes: _____

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

Is your child happy playing independently? _____

Is your child happy playing alone? _____

What is your child's favorite television program? _____

How many hours per day does he/she watch television? _____

Do you have any pets? Yes No Type(s) of pet(s): _____

Names of pets: _____

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

COGNITIVE/LANGUAGE DEVELOPMENT:

What language did your child learn when he/she first began to talk? _____

What language does the family speak at home most of the time? _____

What language(s) does the primary caregiver(s) speak to your child most of the time? _____

What language(s) does your child speak to his/her primary caregiver(s) most of the time?

What language(s) does your child speak to his/her brothers and sisters most of the time?

Is your child's vocabulary age-appropriate? _____

Does your child enjoy books and being read to? _____

Does he/she have a favorite book? _____

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

Is your child able to:	Yes	No
Count 2 to 3 objects		
Recognize and point to body parts		
Recognize printed name		
Follow simple directions and commands		
Recognize primary/secondary colors		
Recognize basic shapes		
Understand simple concepts (e.g. big or small)		
Repeat address and phone number		

VERY IMPORTANT

This application is an initial introduction to learn as much about your child as we can. Please write a descriptive narrative to be no less than a paragraph in length that would allow us to further understand why your child would be well suited to attend the EBHS Lab Preschool. Your application will not be considered if this portion is not properly completed.

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