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: ___________________________

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<thead>
<tr>
<th>SIBLINGS</th>
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<tbody>
<tr>
<td>Name</td>
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<table>
<thead>
<tr>
<th>OTHERS LIVING WITH FAMILY</th>
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<tbody>
<tr>
<td>Name</td>
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ILLNESS HISTORY
Does your child have now or has your child had any of the following:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Date(s)</th>
<th>Details</th>
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<tbody>
<tr>
<td>Chicken Pox</td>
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<tr>
<td>Allergies</td>
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<td>Seizures</td>
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<tr>
<td>Hospitalization</td>
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<tr>
<td>Chronic Disease</td>
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<tr>
<td>Handicap</td>
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<tr>
<td>Frequent Colds</td>
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PHYSICAL DEVELOPMENT/SELF-HELP SKILLS

<table>
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<tr>
<th>Skill or Development</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Takes off/puts on coat</td>
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<tr>
<td>Toilet trained, completely</td>
<td></td>
<td></td>
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<tr>
<td>States need for using bathroom</td>
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<td></td>
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<tr>
<td>Uses toilet by him/her self</td>
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<td></td>
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<tr>
<td>Can feed self/uses utensils</td>
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<td></td>
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<tr>
<td>Washes hands</td>
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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.? 

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