



# Preschool Application

Return to: Center for Technology, Essex Preschool  
3 Educational Drive, Essex Jct. 05452  
(802) 857-7459

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent #1 \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Parent #2 \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Emergency Contacts (if neither parent can be reached in an emergency)

Name \_\_\_\_\_ Home # \_\_\_\_\_

Address \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Relation to child \_\_\_\_\_

Name \_\_\_\_\_ Home # \_\_\_\_\_

Address \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Relation to child \_\_\_\_\_

Please circle the days you would like your child to attend below  
Three to five year old class: must be age 3 by September 15th & FULLY  
toilet trained for at least one month prior to school starting

**Tuesdays 10am - 1:30pm Wednesdays 10am - 1:30 pm Thursdays 10am - 1:30pm**

**1 day \$40 a month 2 days \$80 a month 3 days \$120 a month**

**Enrollment is October to May early withdrawal may be responsible for payment for full year**

**\*\*scholarships available upon request email [mbrott@ewsd.org](mailto:mbrott@ewsd.org) to inquire\*\***

**\*\*Return all forms with \$10 registration fee & Immunization record\*\***

(Office Use Only) Date Received \_\_\_\_\_ Registration Fee \_\_\_\_\_ Immunization Record \_\_\_\_\_  
Start Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ General Health \_\_\_\_\_ Topical \_\_\_\_\_

## General Information

Has your child had any experience in a group setting? Please describe below.

---

---

What other programs will your child participate in during the school year?

---

---

Has your child participated in any preschool screenings? Were any concerns raised?  
Please describe.

---

---

Language(s) Spoken at Home: \_\_\_\_\_

Please list any siblings of your child & their birth dates

---

---

If your child is adopted, at what age was he/she adopted? \_\_\_\_\_

Does your child know he/she is adopted? \_\_\_\_\_

Please give any information about your family that may be helpful in understanding your child, such as divorce, separations, caregivers, fears, etc.

---

---

---

---

## Permission Forms

My child \_\_\_\_\_, may be picked up from school by the following people:

Name \_\_\_\_\_ Phone #s \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Phone #s \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Phone #s \_\_\_\_\_  
Address \_\_\_\_\_

Parent or Guardian : \_\_\_\_\_ Date: \_\_\_\_\_

**Make, Model/License Plate of Car that will be used most often for drop off and pick up:**

*Make:* \_\_\_\_\_ *Model:* \_\_\_\_\_ *License Plate #* \_\_\_\_\_

I give permission for photos of my child to be used for display and advertising (names will never be used)

YES / NO

Signed \_\_\_\_\_ Date \_\_\_\_\_

I give permission for photos of my child to be used for student work. (This is a requirement of this program in order for our students to complete a year long assignment.) YES/ NO

Signed \_\_\_\_\_ Date \_\_\_\_\_

May we have permission to include your child's name, your name, phone and e-mail address in a class list? YES / NO e-mail \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

I give permission for \_\_\_\_\_ to go on walking trips in Essex Junction with the CTE Preschool staff.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Possible trips include: Natural Resources, Cosmetology, Foods, Essex Rescue