



# Preschool Application

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

Child's Full Name

Date of Birth

Street Address

City

State

Zip

Home Phone

Mother's Name

Cell Phone

Mother Email

Work Phone

Father's Name

Cell Phone

Father Email

Work Phone

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

Name

Home #

Work #

Cell #

Relation to child

Name

Home #

Work #

Cell #

Relation to child

Please number choices below in order of preference.

Four year old classes: **(must be 4 by November 1st)**

Tuesday/ Thursday 9:40-11:40 (\$10/week)

Wednesday/ Friday 9:40-11:40 (\$10/week)

Tuesday – Friday 9:40-11:40 (\$20/week)

Three year old classes: **(must be 3 by October 1st & FULLY toilet trained)**

- Tuesday/ Thursday 12:30 -2:00 (\$10/week)

**\*\*Return all forms along with \$10 registration fee and a copy of child's immunization records**

(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.

Please list any siblings of your child and their birth dates:

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

Does your child know he/she is adopted?

In what ways might you be willing to help during the year? Suggestions include sharing a talent or interest with the class, (such as a musical instrument, a craft, or your career.)

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
Name	Phone
Name	Phone

I give permission for photos of my child to be used for display, advertising and teacher workshops. 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 yearlong 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, Professional Foods, and Essex Rescue

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

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

## Health Information

Child's Name

Birth Date

Mother's Name

Father's Name

Does your child have any health, communication, dietary, or other concerns?

(Please describe.)

Does your child have any allergies? (Please list)

How does the allergy manifest itself? (Hives, hay fever, Asthma, etc.)

Child's Physician

Phone

Child's Dentist

Phone

In the event that my child becomes ill or injured and I cannot be reached, the school will use its best judgment to determine if your child should be transported to the hospital while making every effort to reach the parents. I authorize emergency medical care and give permission to contact the child's physician or dental provider on my behalf.

Mother

Date

Father

Date

## **Topical Lotion / Medication Permission Form**

I hereby give you, CTE Preschool, permission to use the following on my child \_\_\_\_\_ when appropriate.

\*Please note we do not apply Sunscreen or bug spray. If you would like these on your child, please apply before you arrive at school.

First Aid cream/lotion/spray

Sunburn relief spray/lotion/gel

Vaseline

Hand lotion

Benadryl Spray (for insect bites, itching)

Baking Soda (for bee stings)

Other

Parent/Guardian Signature

Date

### **Sending your forms – Instructions**

You may save and email a copy of these forms to Lissa Bogner ([lbogner@ewsd.org](mailto:lbogner@ewsd.org)). Please include *CTE Preschool Application* in the subject line of your email.

-----Or-----

You may send a hard copy of your forms to the Center for Technology. Attention: Lissa Bogner, 2 Educational Drive, Essex Junction, VT 05452