



Fairfield Public Schools
3 - and 4 -Year Old PRESCHOOL APPLICATION
2013-2014 School Year

Child's Last Name: _____ First Name: _____

Child's Home Address: _____

Home Phone Number: _____

Parent/Guardian Information:

Mother/Guardian Name: _____

Home Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____

Father/ Guardian Name: _____

Home Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____

Please provide the following information for the child:

Date of Birth: Month _____ Day _____ Year _____

Gender: Male _____ Female _____

Is your child Hispanic/Latino? Yes _____ No _____

Race (check all that apply):

American Indian or Alaskan Native _____

Asian American _____

Black or African American _____

Native Hawaiian or Other Pacific Islander _____

White _____

Siblings:

Name: _____ Age: _____

School sibling attends: _____

Name: _____ Age: _____

School sibling attends: _____

Name: _____ Age: _____

School sibling attends: _____

Please indicate your preferences below.

Preferred location: (Please check all schools you are interested in applying for)

Burr Elementary _____ Dwight Elementary _____ Early Childhood Center _____

Preferred session:

Morning session _____ Afternoon session _____ Either session _____

Transportation:

_____ Yes, I need transportation (please see program description for availability of transportation)

_____ No, I do not need transportation

Tuition:

_____ I want to be considered for *tuition free/reduced* admission (income verification necessary)

_____ I will pay the *full tuition* (no income verification necessary)

(Please note that we will attempt to provide families with their first preference but if that is not possible, we will contact you with other options. Final determination of preschool session and school location is made by Fairfield Public Schools.)

Additional Information:

Has the child attended preschool before? Yes _____ No _____

If yes, please provide name of school and at what age the child attended: _____

Does the child have any special medical condition or needs? Yes _____ No _____

If yes, please describe: _____

Does the child have any identified special educational needs? Yes _____ No _____

If yes, please describe: _____

What language did the child learn to speak first? _____

What is the primary language spoken in the child's home? _____

Is there anything else you think we should know about the child? _____

Please Note: Please send a copy of the following items with your application:

- Child's official birth certificate
- Parent/Guardian photo identification (e.g., driver's license)
- Proof of residence (e.g., mortgage/lease agreement, one utility bill and one or two car registrations are needed)
- Verification of income from both parents/guardians free/reduced tuition consideration (e.g., 1040 tax form for 2011 or 2012)
- State of Connecticut Early Childhood Health Assessment Record

Please send completed application to:

**Anna Cutaia-Leonard
Fairfield Public Schools
Director of Elementary Education
501 Kings Highway
Fairfield, CT 06825**

Phone Number: (203) 255-8372

Fax Number: (203) 255-8273