



Fairfield Public Schools
PRESCHOOL APPLICATION
2010-2011 School Year

Preferred session: Morning session (8:30-11:30) _____
Afternoon session (12:30-3:30) _____
Either session _____

Preferred school: McKinley _____
Burr _____
Either _____

(Although preference of session and school location is requested, final determination of preschool session and school location is made by Fairfield Public Schools.)

Child's Last Name: _____ **First Name:** _____

Child's Home Address: _____

Home Phone Number: _____

Parent/Guardian Information:

Mother/Guardian Name: _____

Cell Phone Number: _____ Work Phone Number: _____

Father/ Guardian Name: _____

Cell Phone Number: _____ Work Phone Number: _____

Please provide the following information for the child:

Date of Birth: Month _____ Day _____ Year _____

Gender: Male _____ Female _____

Race: American Indian _____ Asian American _____
Black _____ Hispanic _____
White _____ Other _____

Siblings:

Name: _____ Age: _____

School sibling attends: _____

Name: _____ Age: _____

School sibling attends: _____

Name: _____ Age: _____

School sibling attends: _____

Additional Information:

What is the highest educational degree earned by the child's mother or primary caregiver?

What language did the child learn to speak first? _____

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

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

If yes, please describe: _____

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 identified special educational needs? Yes _____ No _____

If yes, please describe: _____

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 birth certificate
- Parent/Guardian photo identification (e.g., driver's license)
- Proof of residence (e.g., mortgage/lease agreement, utility bill)
- Verification of income (e.g., pay stub, 1040 tax form)
- State of Connecticut Early Childhood Health Assessment Record

Please send completed application by April 30, 2010 to:

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

**Phone Number: (203) 255-8372
Fax Number: (203) 255-8273**