



Date Received _____

NORWALK CITY SCHOOL DISTRICT
MAPLEHURST ELEMENTARY
195 ST. MARY'S ST. NORWALK, OHIO 44857 (419) 660-1663
PRESCHOOL APPLICATION

CHILD'S NAME _____
FIRST MIDDLE LAST

BIRTHDATE _____ AGE _____ BIRTH CITY _____
MONTH DAY YEAR

ADDRESS _____

PARENT(S)/GUARDIAN(S) NAME _____

PRIMARY TELEPHONE _____ EMERGENCY NUMBER _____

FATHER'S OCCUPATION _____ MOTHER'S OCCUPATION _____

EMPLOYER _____ EMPLOYER _____

ADDRESS _____ ADDRESS _____

TELEPHONE _____ TELEPHONE _____

WORK SCHEDULE _____ WORK SCHEDULE _____

TOTAL FAMILY INCOME _____ weekly monthly yearly

NAMES OF SIBLINGS AGE OTHERS WHO RESIDE IN THE HOME

Mother's maiden name: _____

Primary Language spoken in the home: _____

Previous preschool experience: _____

PLEASE CIRCLE PREFERRED TIME TO ATTEND PRESCHOOL A.M. P.M.
AM 8:20~ 11:30 PM 12:15 ~ 3:25

PLEASE LIST BELOW ALL NAMES OF PEOPLE AUTHORIZED TO HAVE YOUR CHILD RELEASED TO THEM (PICKED UP FROM PRESCHOOL):

FAMILY INFORMATION

1) Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications?

Yes No Details:

2) Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend, or pet)

Yes No Details:

3) Are there any cultural or religious practices of your family of which we should be aware?

4) Do you have any pets at home? If so, what are they and what are their names?

5) Are there any foods your child should not be fed? Food Allergies/Dietary Restrictions

6) Please circle all of the words that best describe your child's personality and behavior:

active	adventurous	affectionate	anxious	bossy	bright
busy	calm	cautious	cheerful	content	considerate
creative	curious	easily-angered	emotional	energetic	excitable
friendly	gives-in-easily	happy	hesitant	insecure	jealous
kind	likes structure /routines	loud	loving	mellow	prefers adult attention
quiet	sensitive	serious	shares well	shy	social
spontaneous	stubborn	tentative	outgoing		

Other words that best describe your child's personality and behavior: _____

- 7) Are there additional personality and behavior characteristics that would be useful to know about your child?

- 8) Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used.

- 9) Does your child need assistance when using the toilet? If so, how?

- 10) What words, gestures, or signs does your child use if he/she needs to use the bathroom?

- 11) What might you and/or your child be anxious about as he/she starts in this program?

- 12) What are you and/or your child excited about as he/she starts in this program?

- 13) What are your expectations of this program?

- 14) What other information would be helpful for the staff caring for your child to know?

Parent/Guardian's Signature _____ Date _____