

FAIRFIELD COMMUNITY SCHOOL DISTRICT - APPLICATION FOR PRESCHOOL – Page 2

Parent/Child Information

Does your child separate easily? Yes No

Does your child have opportunities for large group play? Yes No

Describe: _____

Do you feel your child responds to emotional situations as a normal 3 or 4 year old would? Yes No

What do you hope your child will gain from attending a preschool program?

Number of people living in household _____ Approximate Monthly Income _____

Does your child live in a single parent home? Yes No

Did your child weigh less than 5 lbs at birth? Yes No

Does your child have special health concerns? Yes No

Does your child have a parent who did not complete high school? Yes No

Was your child born when at least one parent was 19 years of age or younger? Yes No

Does your child have difficulty with speech or language? Yes No

Does your child have a sibling that attended Pence's Special Education Preschool? Yes No

Does your child have an immediate family member who has been incarcerated? Yes No

Does your child have immediate family who has been or currently are substance abusers? Yes No

Does your child have immediate family members who are disabled? Yes No

Has your child been abused? Yes No

Does your child have adult family members who cannot read above the 5th grade? Yes No

Does your child have motor problems? Yes No

Is your child with a foster or guardian family? Yes No

I authorize Fairfield Community School District Preschool Program access to all records generated from the AEA Early Childhood Screening. This information will be used to determine my child's eligibility for preschool.

Signature: _____ Relationship: _____ Date: _____

Fairfield Community School District Preschool
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