

Hudson Integrated Preschool Application

School Administrative Unit 81
Hudson, NH

Office Use Only- Date Received

APPLYING FOR SCHOOL YEAR: 20 - 20

Name of Child: _____ DOB: _____

Nickname: _____ Student Gender: _____

Home Address: _____ Home Phone: _____

Mother's Name: _____ Father's Name: _____

Mother's Cell: _____ Father's Cell: _____

Mother's Email: _____ Father's Email: _____

Child Lives With: _____

Sibling Information

Name

Age

School

_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child had preschool/daycare experience? Yes No If yes, please complete the following:

Program/Facility Name

Location/ Phone

Teacher

Dates Attended

_____	_____	_____	_____
_____	_____	_____	_____

I give permission for the school district to discuss my child with previous preschool/daycare providers: Yes No

Describe how your child adjusted and participated in the preschool/daycare setting: _____

How does your child react when left in the care of a non-family member? _____

Does your child currently nap? Yes No Comments: _____

*****Please complete all questions on the next page/reverse side*****

Tell us about how your child interacts with other children: _____

Does your child prefer to play alone or with others? _____

How does your child adapt to changes in location & activity? _____

My child's favorite activities are: _____

My child does not like to: _____

My child's strengths are: _____

My child's fears/challenges are: _____

My child communicates by: _____

Does your child have any allergies or other medical conditions? _____

Is your child toilet trained? Yes No Comments: _____

Is English your child's first language? Yes No Comments: _____

Does your child speak in sentences? Yes No Comments: _____

Do other children and adults understand his/her speech? Yes No Comments: _____

Please share any other information you feel we should know about your child: _____

Please indicate your session preference on the next page

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Morning Sessions for 3 year olds and students turning 4 after September 30th

<u>Hours</u>
Drop-Off at 8:50
Pick-Up at 11:20
Length: 2.5 hours/day

Early Childhood Programs		
2 Days/Week	2 Days/Week	4 Days/Week
Mon & Wed	Tue & Thur	Mon-Thur
\$120/Month	\$120/Month	\$240/Month

Special Education Programs	
4 Days/Week	4 Days/Week
Mon-Thur	Mon-Thur
\$240/Month	\$240/Month

Afternoon Sessions for 4 year olds and students turning 5 after September 30th

<u>Hours</u>
Drop-Off at 12:20
Pick-Up at 2:50
Length: 2.5 hours/day

Early Childhood Programs		
2 Days/Week	2 Days/Week	4 Days/Week
Mon & Wed	Tue & Thur	Mon-Thur
\$120/Month	\$120/Month	\$240/Month

Special Education Programs	
4 Days/Week	4 Days/Week
Mon-Thur	Mon-Thur
\$240/Month	\$240/Month

- There are no fees charged to apply or register
- Parents are responsible for student transportation to and from school
- No before or after school care will be provided for preschool students
- We ask for parents to contribute \$10, twice per year, to purchase sensory materials

I prefer 2 days per week

I prefer 4 days per week

Either 2 or 4 days per week is fine

Please note: We will try to accommodate your preferences but may not be able to do so. In the event we cannot accommodate your specific request, we will offer an alternate time for you to consider.

Once your completed application has been received it will be placed on file. Consideration of applicants for fall start dates begins during spring and continues on a rolling basis as slots open throughout the school year.

Please return this completed and signed form to: Library Street School
Special Services - Preschool Applications
22 Library Street
Hudson, NH 03051

For office use only:

Placement for the school year: _____

Classroom Teacher: _____