



Bristol Public Schools Pre-K Program Application

Home School: _____
office use only

Child's Name	DOB	Gender
		<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address:		

Mothers Name: _____ Fathers Name: _____
 Address: _____ Address: _____
 Phone: _____ Home/Cell Phone: _____ Home/Cell
 Employer: _____ Employer: _____
 Work Phone: _____ Work Phone: _____

Parent s are:	Married	Single	Separated	Divorced
Child lives with?:	Both Parents	Mother Only	Father Only	Grandparents Guardians/Other

Other children in the home?

Name	Age	Grade

Child's Developmental History

- Low Birth Weight(under 3lbs. 4 oz.)
- Eating and growth problems
- Asthma
- Developmental concerns
- Premature birth (under 7 1/2 months)
- Lead poisoning: Level _____
- Food Allergies (List)
- Toilet trained? _____ Age Trained? _____
- Frequent ear infections
- Medical Information

Explain: _____

Do You have any questions or concerns about your child's ...

- Listening and Understanding
- Ability to talk clearly
- Seeing clearly
- Amount of energy

What language is spoken at home? _____

What language does the child speak at home? _____

Do you need a translator? _____

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Please check all the words that make you think of your child:

Affectionate	Shy or fearful	Easily frustrated
Calms easily	Difficult to handle	Happy
Moody/Sad	Very active	Hot tempered
Learns quickly	Distractible	Curious

Seeks out other children for play	Likes to be alone in quiet play
Is liked by other children	Plays well with other children
Likes to sit and listen to a story	Can stay focused on a project

Is there anything else you would like us to know about your child? Birth to Three?

Have any other of your children been enrolled in Bristol Public Preschools? Yes / No

Which Program: _____

Were you referred by a Bristol Preschool Family? (Y /N) Name: _____

Are there any smokers in the house? _____

Highest level of education? Mother: _____ Father: _____

What specific family structure would you like to share with us? (Religious, cultural, educational)

Is there a family history of learning disabilities? _____

Did or does your child attend another preschool? Yes / No

Name and Address: _____

****The Bristol School Readiness Program is open to Bristol residence. Tuition is determined once proof of income is submitted. We follows the State of Connecticut Office of Early Childhood sliding scale fee. A copy of the fee scale is available upon request. Hardship is available to families that meet the hardship guidelines.***

Family Size	Annual Family Income			Other state aid?	
Race	White	Black	Hispanic	Asian	Other:

Submit all applications to:

**Bristol Early Childhood Center
School Readiness Office
240 Stafford Ave
Bristol, CT 06010**

Nutrition Questionnaire for Children

Please take time to fill out the nutritional questionnaire. This questionnaire is confidential and will be used only to help the preschool staff provide parents with useful information.

1. How would you describe your child's appetite? (Check one)
 Good Fair Poor Picky
2. How many days per week does your family usually eat meals together? _____
3. How would you describe mealtimes with your child? (Check one)
 Always pleasant Usually pleasant Sometimes pleasant Never pleasant
4. How many meals does your child usually eat per day? _____
5. Which of these foods did your child eat or drink last week? *(Check all that apply)*

	Grains	Vegetables	Fruits
X	<i>(Example bread)</i>	Broccoli	Apples/Juice
	Bagels	Carrots	Bananas
	Bread	Corn	Berries
	Cereal/Grains	French Fries	Grapefruit
	Crackers	Green Beans	Grapes/Juice
	Muffins	Green Salad	Melon
	Noodles/pasta	Greens	Orange/Juice
	Rice	Peas	Peaches
	Rolls	Potatoes	Pears
	Tortillas	Tomatoes	Pineapples
	Other Grains	Other Vegetables	Other Fruits/Juice

	Milk and Other Dairy Products	Meat and Meat Alternatives	Fats and Sweets
X	<i>(Example Milk)</i>	Beef/Hamburger	Cake/Cupcakes
	Whole Milk	Chicken	Candy
	2% milk (reduced-fat)	Cold cuts/lunchmeat	Chips
	1% milk (low-fat)	Dried beans	Cookies
	Skim Milk	Eggs	Doughnuts
	Chocolate Milk	Fish	Fruit-Flavored Drinks
	Cheese	Peanut butter/ nuts	Kool-Aid
	Ice Cream	Pork	Pie
	Yogurt	Sausage/Bacon	Soft Drinks
		Tofu	
		Turkey	
	Other milk and dairy products	Other Meat/Meat Alternatives	Other Fats and Sweets

6. If your child is 5 years of age or younger, does he or she eat any of these foods?
 (Check all that apply)

	Hot Dogs	Popcorn	Raw Celery or Carrots
	Marshmallows	Pretzels	Round or Hard Candy
	Nuts and Seeds	Raisins	Whole Grapes
	Peanut Butter		

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7. How much 100% juice or juice from concentrate (for example, orange juice, apple juice and grape juice) does your child drink per day? _____

8. How much sweetened beverage (for example, Kool-Aid, fruit punch and soft drinks) does your child drink per day? _____

9. Does your child drink water that is fluoridated or take a fluoride supplement?

Yes

No

I Don't Know

10. Does your child take a bottle to bed at night or carry a bottle or sippy cup around during the day?

Yes

No

I Don't Know

11. Do you have a working stove, oven, and refrigerator where you live?

Yes

No

12. Were there any days last month when your family didn't have enough food to eat or money to buy food?

Yes

No

13. Does your child spend more than 2 hours per day watching television and videotapes or playing computer games?

Yes

No

14. What concerns or questions do you have about feeding your child
