



Fairhaven Public Schools Integrated Preschool Peer Role Model Program Application

Child's Name: _____

Date of Birth: _____ Gender of Child: M / F (circle)

Primary Home Language: _____

Address: _____

Email: _____

Telephone Number: _____

Mother's Name: _____

Address (if different): _____

Father's Name: _____

Address (if different): _____

Siblings and Ages: _____

Any Preschool / Daycare experience? _____ Dates: _____

Name of Preschool/ Daycare attended? _____

SOCIAL RELATIONSHIPS:

Does your child separate easily from you? _____

Does your child play well alone? _____ How long? _____

What are your child's favorite activities? _____

What are your child's favorite toys? _____

Do you have concerns about your child's activity level _____



FAIRHAVEN PUBLIC SCHOOLS

*Fairhaven High School
Elizabeth I. Hastings Middle School
East Fairhaven Elementary School
Leroy L. Wood Elementary School*

Do you have any concerns about your child's development? _____

Does your child enjoy playing with other children? _____

Do you have any concerns about interactions with other children? _____

DEVELOPMENTAL HISTORY:

Age began Sitting: _____ Walking: _____ Talking: _____

Is your child's speech easily understood by others? _____

Does your child indicate his/her toileting needs? _____

Is your child toilet trained? _____

Does he/she have toileting accidents? _____

MEDICAL HISTORY:

Allergies:

Hospitalization:

Date: _____ Reason: _____

Hearing:

Any hearing difficulty? _____

Was hearing ever tested? _____

What would you most like your child to get from this preschool experience? _____

**Preschool Screenings will be scheduled at a date and time to be determined.
Applications are due by 3:00 pm on March 6, 2024.**

***Applications received after this date will be added to the waitlist.**

Please Return To: Fairhaven Public Schools
128 Washington Street
Fairhaven, MA 02719
Attn: Tanya Dawson