

# EXCEL INCLUSIVE PRESCHOOL APPLICATION

NEW MILFORD PUBLIC SCHOOLS

Office for Student Affairs

25 Sunny Valley Road

New Milford, CT 06776

(860) 354-2654 FAX (860) 210-2682

TODAY'S DATE: \_\_\_\_\_

**APPLICATION DEADLINE: 03-01-25**

You will be contacted for your child to attend a classroom visitation. Anticipated date: Wednesday, March 26, 2025.

Email correspondence is the fastest and most efficient way to correspond. Please provide the following information.

\_\_\_\_\_ I do NOT have access to email

\_\_\_\_\_ I am able to receive correspondence by email

Email address: \_\_\_\_\_

Please indicate which school district you live in:

Hill and Plain \_\_\_\_\_

Northville \_\_\_\_\_

Please indicate which program you are interested in for your child for the 2025-26 school year:

3 year old program \_\_\_\_\_

4 year old program \_\_\_\_\_

Child's Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Non-binary \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Siblings: \_\_\_\_\_

Age \_\_\_\_\_ School \_\_\_\_\_

\_\_\_\_\_

Age \_\_\_\_\_ School \_\_\_\_\_

\_\_\_\_\_

Age \_\_\_\_\_ School \_\_\_\_\_

\_\_\_\_\_

Age \_\_\_\_\_ School \_\_\_\_\_

\_\_\_\_\_

Age \_\_\_\_\_ School \_\_\_\_\_

## CHILD'S SPOKEN LANGUAGE

Child's Dominant Language is: \_\_\_\_\_

Child speaks dominant language clearly: Child understands dominant language:

\_\_\_\_\_ Occasionally

\_\_\_\_\_ Occasionally

\_\_\_\_\_ Sometimes

\_\_\_\_\_ Sometimes

\_\_\_\_\_ Mostly

\_\_\_\_\_ Mostly

Is a language other than English spoken at home? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes....What language(s)? \_\_\_\_\_

What is the primary language spoken to the child at home? \_\_\_\_\_

What language does the child use at home? (please check below)

\_\_\_\_\_ Only English

\_\_\_\_\_ Mostly English and sometimes \_\_\_\_\_

\_\_\_\_\_ Mostly \_\_\_\_\_ and sometimes \_\_\_\_\_

\_\_\_\_\_ Only \_\_\_\_\_

For children whose dominant language is not English, also complete the following:

Child speaks English clearly:

\_\_\_\_\_ Occasionally

\_\_\_\_\_ Sometimes

\_\_\_\_\_ Mostly

Child understands English:

\_\_\_\_\_ Occasionally

\_\_\_\_\_ Sometimes

\_\_\_\_\_ Mostly

## DEVELOPMENTAL HISTORY

Approximately at what age did your child:

Walk alone \_\_\_\_\_

Say first word \_\_\_\_\_

Use simple sentences \_\_\_\_\_

Become toilet trained (this is a requirement of the EXCEL program) \_\_\_\_\_

Does your child:

Dress self with minimal assistance \_\_\_\_\_

Does your child use the bathroom independently \_\_\_\_\_

Separate easily from parent \_\_\_\_\_

Follow adult directions \_\_\_\_\_

Play with other children \_\_\_\_\_

Demonstrate clear speech patterns \_\_\_\_\_

Does your child have any medical problems? (examples: significant birth history, allergies, asthma, respiratory problems, hearing difficulties) If so, please explain.

**Does your child currently take any medication? If so, please explain.**

**Has your child ever received special services such as Birth to Three services, speech and language therapy, physical therapy or occupational therapy? If so, please explain.**

**Has your child had any group social experiences (preschool, day care, play group, library, etc.)? If so, please explain.**

**What are your child's favorite activities? What type of toys does your child like?**

**How do you believe your child can contribute to the class as a role model student? Please feel free to add anything else you wish to share with the EXCEL team to help us better understand your child.**

**APPLICATION DEADLINE: March 1, 2025**

Applications received after the deadline will not be included in the lottery. These applicants will be added to the waiting list after the lottery is completed.

**Please return the completed application to:**

**New Milford Public Schools  
Office for Student Affairs  
25 Sunny Valley Road  
New Milford, CT 06776**