**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: Child understands English:**

**\_\_\_\_\_Occasionally \_\_\_\_\_Occasionally**

**\_\_\_\_\_Sometimes \_\_\_\_\_Sometimes**

**\_\_\_\_\_Mostly \_\_\_\_\_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**