



Albany Area Schools  
Albany Area Community Education

# Albany Area Schools Preschool Two Avon Elementary -- 2019-2020

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

School Attending: Avon Elementary Teacher Name: \_\_\_\_\_

Will your child be attending camp on their non-preschool day (Mon or Fri)? YES \_\_\_\_\_ NO \_\_\_\_\_

Has your child participated in Early Childhood Screening? Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

### ALL DAY & HALF DAY PRESCHOOL

How is your child getting to preschool?

- Coming from Wrap-Around Care at Avon
- Dropped off by parent at Avon
- Dropped off by parent at Albany & riding shuttle to Avon
- Riding Avon bus to school
- Riding Albany bus to Albany & riding shuttle to Avon
- Other \_\_\_\_\_

### HALF DAY PRESCHOOL

Where is your child going after preschool?

- Picked up by parent at Avon at 11:00 am.
- Riding shuttle to Albany, then picked up by parent at 11:10 am.
- Going to PM Camp, then picked up at Avon by parent at 3:00 pm.
- Going to PM Camp, then riding an Avon bus home at 3:00 pm.
- Going to PM Camp, then riding shuttle to Albany to be picked up by parent at 2:55 pm.
- Going to PM Camp, then riding shuttle to Albany and riding Albany bus home at 2:55 pm.
- Going to PM Camp and Wrap-Around Care to be picked up by parent at Avon after 3:00 pm.
- Other \_\_\_\_\_

--OR--

### ALL DAY PRESCHOOL

Where is your child going after preschool?

- Picked up by parent at Avon at 3:00 pm.
- Riding shuttle to Albany, then picked up by parent at 2:55 pm.
- Riding Avon bus home.
- Riding shuttle to Albany and riding Albany bus home.
- Going to Avon Wrap-Around Care.
- Other \_\_\_\_\_

**\*NOTE:** If your child is riding a regular route bus to/from preschool from any location other than your home address, you must also fill out a Transportation Alternate Site Form. This can be filled out in advance at: <http://bit.ly/AASBusForm> or with the transportation department at Back to School Launch.

Bus Buddy Name (If Applicable): \_\_\_\_\_ Bus #: \_\_\_\_\_

If utilizing the shuttle, who will most regularly be getting your child on and off the bus?

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Emergency Contact/Authorized Pick-Up People (Other than Parents/Guardians):**

Contact (1) Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Contact (2) Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Tell Us About Your Child:**

**My Child's Name:** \_\_\_\_\_

**Name To Be Used for my Child's Locker Tag:**

\_\_\_\_\_

**List your child's strengths:** \_\_\_\_\_

**List your child's weaknesses:** \_\_\_\_\_

**Please list any learning difficulties that other family members have experienced:**

\_\_\_\_\_

**Please list any medical problems, medications, or food allergies your child has:**

\*\*NOTE: If you indicate any information here, you **MUST** stop at the Nurse's table at Back to School Launch to fill out additional paperwork.

\_\_\_\_\_

**Please list any special services that your child has received or is currently receiving (Occupational Therapy, Mental Health Services, Physical Therapy, Speech, etc.):**

\_\_\_\_\_

**Will your child be attending Kindergarten the 2020-2021 school year?** Yes No Unsure

**List any concerns you have about your child's development:**

\_\_\_\_\_

**Is there anything that upsets your child (thunderstorms, automatic toilets, etc.)?**

\_\_\_\_\_

**What techniques are effective when your child is distressed?**

\_\_\_\_\_

**Are there any family circumstances or other information you'd like your child's teacher to know?**

\_\_\_\_\_