



GRISWOLD ELEMENTARY SCHOOL

303 Slater Avenue, Griswold, CT 06351

Tel: (860) 376-7610 Fax: (860) 376-7612

ges.griswoldpublicschools.org

Joseph Bordeau, Principal

Sean P. McKenna, Superintendent

Deb Martin, Director of Fiscal & Personnel Services

Jacqueline Love, Assistant Principal

Glenn LaBossiere, Assistant Superintendent

Christopher Champlin, Director of Student Services

GRISWOLD EARLY EDUCATION PROGRAM APPLICATION

Please return these completed forms to the GES Main Office via email, fax, or in person.

GESRegistration@griswoldpublicschools.org | Fax: (860) 376-7612 | 303 Slater Avenue, Griswold, CT 06351

Families must complete an application, financial forms, and schedule a [Developmental Screening](#) for their child to be considered for placement in the Griswold Early Education Program (formerly Griswold Preschool). **Completion of application does not guarantee placement. Deadline for 2025-2026 applications is April 11, 2025.**

Student Name:

First: _____ Middle: _____ Last: _____

Date of Birth: (M/D/Y) _____

FAMILY / HOUSEHOLD INFORMATION

Student lives with: ☐ Both Parents ☐ One Parent ☐ Other, please specify: _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Best Phone Number: _____

Email: _____

Other Children Living in the Household:

Name	Date of Birth (M/D/Y)	Relationship to Student	Speech, language or learning concerns?
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N

Are there any other individuals living in the home? ☐ Y ☐ N

If yes, what is/are their relationship(s) to the child? _____



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Are there any family traditions, holidays, or celebrations that you would like to share? _____

PRESCHOOL OR DAYCARE EXPERIENCE

Name of School/Program: _____

Dates attended: From _____ To _____

Did the teacher/daycare provider ever raise any concerns about your child's progress? ☐ Y ☐ N

Explain: _____

Were there any special services or supports that your child received in the past (ex. B-3)? ☐ Y ☐ N

Explain: _____

MEDICAL INFORMATION

Pediatrician Name: _____

Pediatrician Phone Number: _____

Are there any health concerns that may affect school performance? ☐ Y ☐ N

Explain: _____

Allergies: _____ Diagnosis: _____

Is your child presently on medication? ☐ Y ☐ N Name of medication: _____

Has your child had any significant injuries or hospitalizations? ☐ Y ☐ N

Explain: _____

Hearing Information

Do you think your child has any hearing problems? ☐ Y ☐ N Explain: _____

Has your child ever had a hearing test? ☐ Y ☐ N

If yes, when: _____ by whom: _____

Does your child have a history of middle ear infections/fluid? ☐ Y ☐ N

Has your child seen an ear, nose and throat doctor? ☐ Y ☐ N If yes, name of doctor: _____



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Do any family members have a history of middle ear problems or a hearing loss?

☐ Y ☐ N If yes, whom: _____

Has your child been treated for any of these ear/hearing problems?

Eustachian tube dysfunction ☐ Y ☐ N when: _____

Fluid in the ears ☐ Y ☐ N when: _____

Wax build-up ☐ Y ☐ N when: _____

Ruptured eardrum ☐ Y ☐ N when: _____

Hearing loss ☐ Y ☐ N when: _____

Has your child had any of these surgical procedures?

Tonsillectomy ☐ Y ☐ N when: _____

Adenoidectomy ☐ Y ☐ N when: _____

Myringotomy with tubes ☐ Y ☐ N when: _____

Tympanoplasty (eardrum graft) ☐ Y ☐ N when: _____

Vision Information

Do you think your child has trouble seeing? ☐ Y ☐ N Explain: _____

Has your child ever had an eye examination? ☐ Y ☐ N If yes, when: _____

by whom: _____ Does your child wear glasses? ☐ Y ☐ N

Provide more detailed information regarding your child's hearing/vision history if necessary:

Does your child have private health insurance? ☐ Y ☐ N

Would you like information about Husky Insurance (state assistance health insurance)? ☐ Y ☐ N

DEVELOPMENTAL HISTORY

Speech & Language

At approximately what age did your child:

begin to talk? _____ put 2 or 3 words together? _____ use sentences? _____

Does your child stutter? ☐ Y ☐ N Explain: _____

Does your child generally have difficulty expressing his/her wants and thoughts? ☐ Y ☐ N



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Explain: _____

Do people outside of the family have trouble understanding your child's speech? ☐ Y ☐ N

Explain: _____

Does your child have any trouble following more than two verbal directions at one time? ☐ Y ☐ N

Explain: _____

Does your child have trouble understanding or appear to be confused by what is said to him/her?

☐ Y ☐ N Explain: _____

Is any language other than English spoken in your home? ☐ Y ☐ N Which: _____

Does your child understand that language? ☐ Y ☐ N

Does your child speak that language? ☐ Y ☐ N

Motor/Behavior Milestones & Characteristics

At approximately what age did your child:

crawl? _____ sit up? _____ walk? _____

Is your child toilet trained? ☐ Y ☐ N Comments: _____

Does your child nap regularly? ☐ Y ☐ N Comments: _____

Please indicate any concerns about your child's sleep patterns:

☐ falling asleep ☐ sleeping through the night ☐ waking up Explain: _____

How would you categorize your child's response to separation?

☐ Easy ☐ Challenging ☐ Slow to warm up ☐ Extremely difficult Comments: _____

Please check any of the following adjectives that describe your child:

- | | | | |
|-------------------------------------|--------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Talkative | <input type="checkbox"/> Active | <input type="checkbox"/> Confident | <input type="checkbox"/> Demanding |
| <input type="checkbox"/> Clumsy | <input type="checkbox"/> Shy | <input type="checkbox"/> Dependent | <input type="checkbox"/> Very Active |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Easy Going | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Independent | <input type="checkbox"/> Curious | <input type="checkbox"/> Cautious |

Does your child know any:

colors? ☐ Y ☐ N numbers? ☐ Y ☐ N letters? ☐ Y ☐ N

Does your child like to sing songs or repeat nursery rhymes? ☐ Y ☐ N



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What games/interests does your child enjoy? _____

Does your child have an opportunity to play with other children his/her own age? ☐ Y ☐ N

Describe how your child interacts with other children: _____

What are your child's strengths or greatest characteristics? _____

If there is any information about your child that you would like us to know, please describe:

GENERAL INFORMATION

Would you like information about adult literacy, adult education, or obtaining a GED? ☐ Y ☐ N

Have there been any changes in your child's life recently? (i.e. birth of a sibling, divorce, death)

☐ Y ☐ N Explain: _____

Are there any agencies/programs assisting your child or family at this time? (i.e. Headstart, LEARN, DCF, DSS) ☐ Y ☐ N Explain: _____

Please include any additional information that will help us understand and better provide an optimal educational program for your child: _____

Would you like to schedule an individual conference with a school counselor to discuss any information you felt you could not include on this questionnaire, or to elaborate on any information you included above?

- ☐ Yes, please contact me so we can discuss my child's program needs further.
- ☐ No, I do not wish to schedule a meeting at this time.



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Session Considerations

If there are any special considerations (i.e. parent employment, daycare, transportation needs, etc.) that would need to be considered related to the session placement in our program (AM session 9:00 - 11:30 a.m. or PM session 12:30 - 3:00 p.m.) please describe:

Please share any hardships or unusual circumstances you or your child may have experienced (i.e. currently in foster care, history of foster placement, history of B-3, parent incarcerated, homelessness, recent death in family, family history of mental illness, family history of learning or physical disabilities, dual/English language learner) so we can best support you and your child:

Please contact the GES Main Office with any questions:

GRISWOLD ELEMENTARY SCHOOL (GES)

303 Slater Avenue, Griswold, CT 06351
(860) 376-7610

Deborah Fargo, GES Secretary
DFargo@griswoldpublicschools.org
GESRegistration@griswoldpublicschools.org

Learn more about the Griswold Early Education Program at at <https://geep.griswoldpublicschools.org/>