

Killingly Public Schools

Goodyear School Waitlist Form

Thank you for your interest in our preschool program! Please complete this form to add your child to our waitlist. Submitting this form does not guarantee enrollment.

Child Information

Child's Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Desired Start Date: _____

Program Interested In: Half Day / Full Day

Before and/or Afterschool program: Yes / No

Primary Guardian/ First Contact

Parent/Guardian Name: _____

Relationship to Child: _____

Email Address: _____

Phone Number: _____

Physical Address: _____

Second Guardian/ Second Contact

Parent/Guardian Name: _____

Relationship to Child: _____

Email Address: _____

Primary Phone Number: _____

Physical Address (if different): _____

Additional Information

Does your child have any allergies or special considerations? No / Yes (please explain):

Is your child toilet trained: Yes / No

Areas of Concern / High Priority Considerations

Please check all that apply. This information helps us better understand child and family needs.

- Housing instability / homelessness
- Single-parent household
- Foster care/ kinship placement/ DCF involvement
- Child has a diagnosed disability or developmental delay
- Sibling with a diagnosed disability
- Speech or language concerns
- Behavioral concerns
- Social-emotional concerns
- Medical or health-related concerns
- Family experiencing financial hardship
- Other: _____

Acknowledgment

I understand that this form places my child on the waitlist for preschool and that I will be contacted if and when a space becomes available.

Parent/Guardian Signature: _____

Date: _____

Office Use Only

Date Added to Waitlist:

Notes: