NEWBURYPORT PUBLIC SCHOOLS
Francis T. Bresnahan Elementary School

Jamie Sokolowski
Principal

Allison Byrnes
Assistant Principal

PRESCHOOL & DAYCARE VISITATIONS



As a part of the process of preparing for your child to begin in our kindergarten program, we will be reaching out to local area preschools for their input. In our efforts to create balanced classrooms we are seeking knowledge about the preschool environment that your child has experienced as well as your child as a learner.

We are so thankful to have collaborative partnerships with the local preschools in the greater Newburyport area as they have laid the foundation for your child's early education career. We are delighted to be able to schedule visits to many of the preschools at which time we will meet with the preschool directors and/or teachers and observe their preschool programs. These visits along with a review of your completed questionnaire will help to provide us with a comprehensive introduction to your child.

We thank you for your willingness to sign consent for these observations/visitations as it will enable us to better plan for a successful kindergarten experience for all.

Preschool visitations generally take place during the month of May.

NEWBURYPORT PUBLIC SCHOOLS
Francis T. Bresnahan Elementary School

Jamie Sokolowski
Principal

Allison Byrnes
Assistant Principal

PRESCHOOL & DAYCARE VISITATIONS

Please sign and return as a part of your child's registration packet for kindergarten

Child's Name: _____ Child's DOB:_____

Name of preschool/daycare your child currently attends:

___Mrs. Murray's
___Merrohawke Nature School
___Our Secret Garden
___Community Action Seacoast
___Knoll-edge
___Heartwood Nature School
___Koinonia
___Kindercare (Low St.)
___Kindercare (Daniel Lucy Way)
___Bresnahan Integrated Preschool
___Harmony Natural Learning
___Newburyport Montessori
___The Children's Castle
___Bright Horizons
___Learning Tree Preschool
___Little Sprouts

___ Other, please provide name and location: _____

Name of my child's teacher: _____

Days and hours that my child attends preschool/daycare on a weekly basis:

Days: _____ Hours: _____

Parent/Guardian Name (please print) _____

__ I give permission for the Bresnahan Kindergarten team to visit and observe my child at his/her current preschool/daycare.

__ I do NOT give permission for the Bresnahan Kindergarten team to visit and observe my child at his/her current preschool/daycare.

Parent/Guardian Signature: _____

Date: _____

