# GRISWOLD ELEMENTARY SCHOOL

303 Slater Avenue, Griswold, CT 06351
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ges.griswoldpublicschools.org

Joseph Bordeau, Principal
Sean P. McKenna, Superintendent of Schools
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Jacqueline Love, Assistant Principal
Glenn LaBossiere, Assistant Superintendent of Schools
Christopher Champlin, Director of Student Services


## Griswold Public Schools Preschool Interest Sheet

Griswold Public Schools is excited to offer multiple preschool options for the 2027-2028 school year. Please review the programs below and number the options you are interested in.

**____ Griswold Early Education Program- Integrated <u>Partial Day</u> Preschool**

- 9:00–11:30 a.m. or 12:30–3:00 p.m.
- Snack provided
- $150 per month (income based sliding scale available)
- 60 total slots available

**____ Griswold Early Education Program- Integrated <u>School Day</u> Preschool**

- 9:00 a.m. – 3:00 p.m.
- Snacks provided, lunch available for purchase
- $300 per month (income based sliding scale available)
- 17  total slots available

**_____ Wolverines Forward PreK**

- 7:00 a.m. – 5:00 p.m.
- Wrap-around care for GEEP offered as well as full day
- Snacks provided, lunch is parent-provided
- $400 per month (Care4kids accepted)
- 20 total slots available

**Important Information:**

- Application must be completed in full, to be considered for any GEEP slot.
- Placement is based on availability.
- Completing this form does not guarantee enrollment.

Child's Name: _____

Child's Date of Birth: _____

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Signature: _____ Date: _____

**Please return these completed forms to Jaselyn Caviness via email, fax, or in person.**
jcaviness@griswoldpublicschools.org | Fax: (860) 376-7612 | 303 Slater Avenue, Griswold, CT 06351

# GRISWOLD EARLY EDUCATION PROGRAM APPLICATION

Families must complete an application in full (10 pages) for their child to be considered for placement in the Griswold Early Education Program. ***Completion of the application does not guarantee placement.***

Student Name:

First:_____ Middle: _____ Last: _____

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

## FAMILY / HOUSEHOLD INFORMATION

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

Home Address: _____

**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? |
|---|---|---|---|
| _____ | _____ | _____ | ▢ Y ▢ N |
| _____ | _____ | _____ | ▢ Y ▢ N |
| _____ | _____ | _____ | ▢ Y ▢ N |
| _____ | _____ | _____ | ▢ Y ▢ N |

Are there any other individuals living in the home? ▢ Y ▢ N
If yes, what is/are their relationship(s) to the child? _____

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: _____

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

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:

| | | | |
|---|---|---|---|
| ▢ Talkative | ▢ Active | ▢ Confident | ▢ Demanding |
| ▢ Clumsy | ▢ Shy | ▢ Dependent | ▢ Very Active |
| ▢ Calm | ▢ Easy Going | ▢ Outgoing | ▢Quiet |
| ▢ Aggressive | ▢ Independent | ▢ Curious | ▢ 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

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.

**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 (*Partial Day* Preschool during either the AM session 9:00 - 11:30 a.m. or PM session 12:30 - 3:00 p.m., or the *School Day* Preschool from 9:00 a.m. – 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:

_____

_____

_____

# GRISWOLD EARLY EDUCATION PROGRAM
# INCOME VERIFICATION FORM

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

Parent/Guardian Name(s): _____

## Parents/Guardians Financial Data

1. **Number of <u>Adults</u> in Household:** _____
2. **Total Number of Persons in Household or Family:** _____
3. **Verification of Income** (<u>one</u> of the following is to be returned with this form)
   a. Your 2026 Federal Income Tax Return(s) showing your total income; OR
   b. All 2026 W-2 forms for each working family member; OR
   c. Recent pay stubs for four (4) consecutive weeks of work for each working family member (1 stub if you are paid monthly; 2 stubs if you are paid bi-weekly; 4 stubs if you are paid weekly)
4. Other Income Received
   a. Self Employment $_____
   b. Unemployment Compensation $_____
   c. Workmen's Compensation $_____
   d. Other (please specify source and amount) $_____
   e. Other (please specify source and amount) $_____

## Decline Income Verification

If you do not wish to submit your income information, please know this will make you ineligible for our 35 grant funded slots.

- ▢ I do not wish to submit income verification information. I understand that I will be charged full tuition rates and will be ineligible for a grant funded slot.

Parent/Guardian Signature: _____ Date: _____

**Contact Jaselyn Caviness, Early Education and Billing Coordinator, with any questions or concerns:**
JCaviness@griswoldpublicschools.org or (860) 376-7610

# GRISWOLD EARLY EDUCATION PROGRAM
# GRANT FUNDED SLOTS INFORMATION FORM

Name of Child: _____

Date of Birth: (M/D/Y) _____ Gender: ▢ M ▢ F

Parent/Guardian Name(s): _____

Home Address: _____

Best Phone Number: _____

Email: _____

Do you consider your current living arrangement: ▢ Permanent ▢ Temporary

**Languages spoken in your home:** _____

**Health Insurance:**

▢ Private ▢ Husky A ▢ Husky B Policy Number: _____

Physician's Name: _____ Dentist's Name: _____

**Family Ethnicity**: (check all that apply)

▢ American Indian or Alaska Native ▢ Asian ▢ Black or African American ▢ Hispanic / Latino

▢ Native Hawaiian or other Pacific Islander ▢ White ▢ Other, please specify: _____

**Household Annual Gross Income**: $_____ Please provide copies of pay stubs for four (4) week's pay, 2026 W-2s for each working parent/guardian, or your 2026 Income Tax Return for verification)

**Family Size**: _____ Please include the total number of adults and children living in the home.

# GRISWOLD EARLY EDUCATION PROGRAM
# APPLICATION FORM

The Griswold Early Education Program is committed to building partnerships with families. We maintain collaborations with outside community agencies to support our families and staff. Please let us know if you would like information on any of the following services or resources: (Please check all that you are interested in learning more about)

| | | |
|---|---|---|
| ▢ Parenting Classes | ▢ Adult Education | ▢ Parent Leadership Training |
| ▢ Parent Advocacy | ▢ Slater Library (Jewett City) | ▢ Play Groups |
| ▢ Food Stamps (SNAP) | ▢ WIC | ▢ Area Food Banks |
| ▢ Summer Feeding Sites | ▢ Fuel Assistance | ▢ Support Groups |
| ▢ Counseling Services | ▢ Health Services | ▢ Immunizations |
| ▢ Opportunities to Volunteer at School or in the Community | ▢ Wolverines Forward Before & After School Program | |
| ▢ Other, please specify: _____ | | |

How did you learn about the Grant Funded slots?
(check all that apply)
▢ Program Staff ▢ Flyers/Signs placed around town ▢ Information at Preschool Screening
▢ Friends/Relatives ▢ Other, please specify: _____

Parent/Guardian Signature: _____ Date: _____

**Contacts at Griswold Elementary School (GES)**

Jaselyn Caviness
Early Education and Billing Coordinator
860-376-7616
JCaviness@griswoldpublicschools.org

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