



**My First School**  
A Cooperative Experience

35 Verbena Avenue, Floral Park, NY 11001

[www.myfirstschool.org](http://www.myfirstschool.org)

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Jennifer Morrissey - Director

Phone (516) 354-0138

## Application for Admission

Name of Child		Home Phone #	
Nickname (if any)		<b>Birthdate:</b> _____ Male Female	
Street Address		City, State, Zip	
Name of Parent/Guardian #1		Cell Phone # PRIMARY CONTACT	
Occupation (optional for directory):			
Name of Parent/Guardian #2		Cell Phone	
Occupation (optional for directory):			
** Email (s) that you would like utilized**		<b>\$125 DEPOSIT:</b> (must accompany form) Cash _____ Check # _____	
Would you like your information published in our school wide directory? Yes _____ No _____		Would you like your information published in your class directory? Yes _____ No _____	
<b>APPLYING FOR:</b>			
Bumblebees	Monday 9:00 -10:00 am	Friday 9:00 -10:00 am	
Two Time! Gradual Separation	#1 Mon/Fri 10:05 -12:05 pm	#2 Tues/Thurs 9:15 -11:15 am	#3 Mon/Fri 9:15 -11:15 am
Two Time! Gradual Separation	#4 Tues/Thurs 9:45 -11:45 am		
Nursery 3's	Mon/Tu/Th/Fri 9:00 -11:30 am	Tues/Wed/Th 9:30 -12:00 pm	Mon/Tues/Th 12:15 -2:45 pm
Pre-K	Mon/Fri AM 8:30-11:15 am	Fall Enrichment	Tues/Wed/Th PM 1:00-2:30 pm

How did you hear about My First School? \_\_\_\_\_

Other children/family members living in household (name, age, relationship):  
 \_\_\_\_\_  
 \_\_\_\_\_

## Personal History/Social/Developmental Information

This is a confidential questionnaire that should be returned directly to your classroom teacher or the director of the school. Please answer all questions as honestly and as completely as possible. If something changes at any time during the year, please let your child's teacher know.

What is the primary language spoken at home? \_\_\_\_\_

Is another language spoken regularly at home? \_\_\_\_\_

Is your child toilet trained?    Y    N

If not, whom should we call in order to change him/her if we can't reach you?

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Will he/she need assistance with clothing in the bathroom?    Y    N

**Does your child have any allergies? PLEASE LIST & GIVE REACTION TO THE ALLERGY:**

**DO THEY REQUIRE AN EPI-PEN? Y    N**

Does your child have any medical conditions we should be aware of? (seizures, etc.)

Is your child currently taking any prescription or non-prescription drugs?    Y    N

If yes, please list \_\_\_\_\_

Has your child been in the care of adults other than his/her parents?    Y    N

If yes, please explain \_\_\_\_\_

Is either parent away for any length of time?

Has your child had previous school or group experiences?    Y    N

If yes, please explain \_\_\_\_\_

Does your child play with other children on a regular basis?    Y    N

If yes, what age & under whose supervision? \_\_\_\_\_

Do you have any concerns about your child's development (physical, social, emotional or intellectual)?

Describe to the best of your ability, the most significant characteristics of your child's behavior:

Describe any specific problem that the teacher should be aware of (allergy, behavior, concerns):

Has your child been evaluated for any developmental delays? (speech, OT, etc.)    Y    N

Has your child received Early Intervention/CPSE services?    Y    N

If yes, please explain \_\_\_\_\_

Does your child continue to receive these services?    Y    N

**THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE**

Parent and/or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_