

Hudson Integrated Preschool Application

School Administrative Unit 81
Hudson, NH

Office Use Only - Date Received

Name of Child: _____ DOB: _____

Nickname (if applicable): _____

Home Address : _____

Mailing Address (if different): _____

Home Phone Number: _____

Mother's Name: _____ work/cell # _____

Father's Name: _____ work/cell # _____

Sibling Information

Name	Age	School	Does sibling have a disability?
			<input type="checkbox"/> Yes (please explain briefly) <input type="checkbox"/> No
			<input type="checkbox"/> Yes (please explain briefly) <input type="checkbox"/> No
			<input type="checkbox"/> Yes (please explain briefly) <input type="checkbox"/> No

Tell Us About Your Child

Does your child speak in sentences? Yes No Comments: _____

Do other children understand his/her speech? Yes No Comments: _____

Does your child play well with other children? Yes No Comments: _____

Does your child eat a variety of foods? Yes No Comments: _____

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Has your child has preschool / daycare experience? Yes No

If yes, please complete the following:

Program/Facility Name	Location	Phone/Teacher	Dates Attended
_____	_____	_____	_____

I give permission for the school district to discuss my child with previous preschool/daycare providers: Yes No

Please use the space below to share any other information you feel we should know about your child.

Important Notice

I understand that should my child be accepted into this program and if the unlikely situation arises that a child with an educational disability requires services and all slots are filled, my child may be asked to leave the program. I also understand that the Team will monitor the appropriateness of my child's continued placement in the preschool program. I understand that I will need to provide transportation to/from preschool each day.

Hours, Tuition and Fees

- Ten hours per week (Monday through Thursday, 2.5 hours each day, morning and afternoon sessions are available with placement to be determined by preschool Team)
- Tuition for ten hour per week program is \$1,600.00 per year
 - Payable in 10 equal installments of \$160.00 each, due on the first Monday of each month
 - First payment is due on August 1
- There is no separate registration fee.
- Students contribute three times a year to a snack/sensory fund (approx. \$12-\$15 each time)

Once your completed application has been received it will be placed on file. Consideration of applicants for fall start dates begins during spring and continues on a rolling basis.

Parent Signature: _____ Date: _____

Please return this completed and signed form to: **Nottingham West Elementary School
Preschool Applications: Teresa Morgan
10 Pelham Road
Hudson, NH 03051**