



## GARFIELD HEIGHTS CITY SCHOOL DISTRICT

### Preschool Request Form

This form is for parents who are interested in having their child considered for the preschool program at Garfield Heights Preschool. The program is limited in space for students. Visit [www.garfieldheightscityschools.com/preschool.aspx](http://www.garfieldheightscityschools.com/preschool.aspx) for details.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone number \_\_\_\_\_

Parent's E-mail Address \_\_\_\_\_

Street Address \_\_\_\_\_

Has your child ever received Help Me Grow, speech/language therapy, occupational or physical therapy? \_\_\_\_\_

Has your child ever received any behavioral support services such as Guidestone or PEP Daycare Plus? \_\_\_\_\_

Does your child speak more than one language or is there more than one language spoken in the home? \_\_\_\_\_

Does your child have any medical conditions, developmental delays or diagnoses? \_\_\_\_\_

Do you have any concerns about your child's development? If so, please explain: \_\_\_\_\_

Does your child attend day care or preschool? \_\_\_\_\_

The peer program has a screening once per year in April to determine which peers will attend the preschool the following year, completing and returning this form will assure that you are invited to the screening.

**Parent signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please mail this form to the Preschool Psychologist at 12801 Bangor Avenue, Garfield Heights, Ohio 44125 or fax it to (216) 475-8080.

Thank you for your interest in the Garfield Heights Preschool Program!