



**Nursery School**

## Harpwell Community Nursery School Application Time for Twos (2 pages)

Please return forms and non-refundable registration fee of \$30 to:  
Harpwell Community Nursery School  
917 Harpswell Neck Road  
Harpwell, ME 04079

Application date \_\_\_\_\_

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

Street \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/s or Guardian legally responsible for child:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Address: \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone(s) \_\_\_\_\_

Cell Phone(s) \_\_\_\_\_

E-Mail \_\_\_\_\_

If parents can't be reached in an emergency, please call:

\_\_\_\_\_  
Name Relationship Telephone

\_\_\_\_\_  
Name Relationship Telephone

I understand that session tuition for Time for Twos is due September 1, January 1, and March 1. I agree to give the school two weeks' notice before withdrawal and I will get a prorated refund. If I fail to give such notice, I will forfeit my remaining tuition for that session.

I understand that I will stay at school throughout the duration of the program; which will include a rotation of being in the classroom and next door for the "focus group."

\_\_\_\_\_  
Signature of parent/guardian Date



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## Harpwell Community Nursery School Student Questionnaire

This questionnaire is designed to help us get to know your child and plan for the best possible start in school. We hold all information in confidence and will be happy to speak with you concerning your child.

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

Child is usually called \_\_\_\_\_

Has your child attended child care or preschool before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of school \_\_\_\_\_

Dates of attendance: From \_\_\_\_\_ to \_\_\_\_\_

### BASIC FAMILY DATA

Child's position in the family \_\_\_ oldest \_\_\_ middle \_\_\_ youngest \_\_\_ only

Child lives with: (include relationships, age of siblings, etc.)

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### BASIC PERSONAL DATA ON THE CHILD:

Is your child currently being treated for an illness or condition of which we should be aware? If so, please describe:

Is there any unusual behavior of which we should be made aware? (i.e. seizures, breath holding, biting, tantrums, etc.) Please explain:

Does your child have any developmental difficulties (speech, vision, hearing) of which we should be aware?

Which hand does your child usually use?

What do you consider to be your child's strongest points?

What do you consider to be your child's challenges?

What activities does your child prefer (building, stories, outside play, etc)?

How did you find out about Time for Twos?