

START DATE: \_\_\_/\_\_\_/\_\_\_

**MEDFORD PUBLIC SCHOOLS  
McGLYNN PRESCHOOL INTAKE FORM  
PART I: CHILD AND FAMILY INFORMATION**

Application Date: \_\_\_/\_\_\_/\_\_\_

**1. CHILD INFORMATION**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender:  M  F

Social Security #: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Race :  Caucasian/  
Non-Hispanic  Black/  
Hispanic  Latino/  
Hispanic  Asian/Pacific  
Islander  Native  
American  Other \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_

Child's disability, if any: \_\_\_\_\_

Did child receive Early Intervention Services?  Yes  No

Does child have an Individualized Education Program (IEP)?  Yes  No  In process

If yes, please describe the special education services your child receives.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. FAMILY / HOUSEHOLD INFORMATION**

**Parent/Guardian #1 (Head of household where child resides)**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

Cell Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Education Level:  Less than H.S. Diploma  H.S. Diploma/ GED  Some College  Bachelor's Degree or higher  Unable to Assess

Employment:  Employed full-time  Unemployed  Child Support  
 Employed part-time  Retired  Disabled  Other \_\_\_\_\_

Parent/Guardian's disability, if any: \_\_\_\_\_

START DATE: \_\_\_/\_\_\_/\_\_\_

Child's Name: \_\_\_\_\_

**Parent/Guardian #2**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Living in same household with child?  Yes  No

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Education Level:  Less than H.S. Diploma  H.S. Diploma/ GED  Some College  Bachelor's Degree or higher  Unable to Assess

Employment:  Employed full-time  Unemployed  Child Support  
 Employed part-time  Retired  Disabled  Other \_\_\_\_\_

Parent/Guardian's disability, if any: \_\_\_\_\_

**Other Children in Household**

List names and ages of siblings (oldest to youngest). If a sibling is currently enrolled in an early care and education or school-age (before- or after-school) program, please list the program name.

Child's Name:	Date of birth:	Age in years:	Program name:

**PLEASE RETURN THIS FORM WITH ALL INCOME DOCUMENTATION INCLUDING:  
FOUR (4) CONSECUTIVE PAY STUBS FROM ALL WORKING PARENTS  
MEDFORD PUBLIC SCHOOL, EARLY CHILDHOOD OFFICE,  
489 WINTHROP STREET, MEDFORD, MA 02155  
781-393-2102**