

# Preschool Screening Application

Please complete this form and submit it by **March 15, 2024**.

Applications can be emailed to [bgoldsnider@boltonct.org](mailto:bgoldsnider@boltonct.org) or mailed to Beth Goldsnider at 72 Brandy St. Bolton, CT 06043

Child's Name:

Date of Birth:

Address:

Parents/Guardians:

Phone Number:

Email Address (for confirmation of screening time):

Reason for Screening:    Typical Peer Model                      or                      Child Find

If you would like your child screened for Child Find please check area(s) of concern:

- ☐ speech/language
- ☐ motor skills
- ☐ social skills
- ☐ learning - i.e., : memory, colors and shapes, etc.

Screening Date:    Tuesday, March 26    12:30, 1:15, or 2:00

Disclaimer: There will be no make-up screenings.

Please do NOT come to the screening if your child has a fever.