**Quaboag Regional School District**
**Integrated Preschool**

284 Old West Brookfield Rd/ P.O. Box 1538
(413) 436-5991 ext. 1710


**Building Principal:** Mr. John Diorio
**Director of Student Support Services:** Dr. Kirsten Esposito
**Early Childhood Coordinator:** Ms. Jill Pietro

# QRSD Integrated Preschool Waiting List Application: 2026-2027

Completed waiting list forms and required documentation will be accepted in the following ways: in person at the main office of Quaboag Regional Middle High School, electronically submitted to the Early Childhood Coordinator (Jill Pietro) at jpietro@quaboagrsd.org, or mailed to the QRSD Preschool Program at P.O. Box 1538, Warren, MA 01083.

***REQUIRED DOCUMENTATION TO BE SUBMITTED ALONG WITH THIS FORM:**

- **Two proofs of town residency (1. lease/rent/mortgage statement or property tax bill and 2. copy of driver's license, recent utility or other bill, etc.) as only residents of Warren, West Warren, and West Brookfield are eligible to attend the QRSD Integrated Preschool program.**
- Transportation for Integrated Preschool is not provided. Parents are responsible for transporting their children.
- Children must be fully toilet trained to enter as a peer model in the program.

**Session Preference:** (Please circle first choice)
Tues, Wed, Thurs, Fri AM 8:30 a.m. - 11:00 a.m. **OR** Tues, Wed, Thurs, Fri PM 12:00 p.m. - 2:30 p.m.

**Child's Name:** _____
(First) (Middle) (Last)

**Child's date of birth:** _____ **Age as of August 31, 2026:** _____years _____months

**Residential Address:**

Street: _____

Town, State: _____ ZIP Code: _____

**Mailing Address (if different from above):**

P.O. Box: _____ Town, State: _____ ZIP Code: _____

**Parent/Guardian #1:** _____ **Parent/Guardian #2:** _____

**Telephone Numbers-** Home: _____ Home: _____

Cell: _____ Cell: _____

Work: _____ Work: _____

**Email Address:** _____ **Email Address:** _____
(Parent/Guardian #1) (Parent/Guardian #2)

***Please note that the school will contact you if a placement becomes available for your child. At that time, your child will be asked to participate in a screening process prior to entrance into the program.***

***(TURN OVER TO COMPLETE SIDE 2)***

**Please answer the following questions:**

| | | |
|---|---|---|
| 1. Has this child attended school/daycare before? | Yes | No |
| 2. Has this child ever received Early Intervention services? | Yes | No |
| 3. Has this child been evaluated for special needs by a professional? | Yes | No |
| 4. Is there a history of learning difficulties in this child's family? | Yes | No |
| 5. Has this child ever had trouble seeing? | Yes | No |
| 6. Has this child ever had trouble hearing/have a history of ear infections? | Yes | No |
| 7. Was this child born premature? | Yes | No |
| 8. Is this child currently being treated for any illnesses/medical conditions? | Yes | No |
| 9. Does anyone have concerns about Autism Spectrum Disorder for this child? | Yes | No |
| 10. Do you/other members of your family have social/emotional or behavioral concerns about your child (e.g.– excessive tantrums, difficulty separating, trouble following directions and/or attending to tasks)? | Yes | No |

**<u>If you answered "Yes" to any questions, please describe the reason for your answer below:</u>**
Begin by providing the number of the question you are explaining:

Thank you! ☺

The Quaboag Regional School District Integrated Preschool Team