

# NEWBURYPORT PUBLIC SCHOOLS

## Francis T. Bresnahan Elementary School

Jamie Sokolowski  
Principal



Theresa Fitzpatrick  
Special Education Team Coordinator

## PRESCHOOL & DAYCARE VISITATIONS



As a part of the process of preparing for your child to begin in our kindergarten program, we will be reaching out to local area preschools for their input. In our efforts to create balanced classrooms we are seeking knowledge about the preschool environment that your child has experienced as well as your child as a learner.

We are so thankful to have collaborative partnerships with the local preschools in the greater Newburyport area as they have laid the foundation for your child's early education career. We are delighted to be able to schedule visits to many of the preschools at which time we will meet with the preschool directors and/or teachers and observe their preschool programs. These visits along with a review of your completed questionnaire will help to provide us with a comprehensive introduction to your child.

We thank you for your willingness to sign consent for these observations/visitations as it will enable us to better plan for a successful kindergarten experience for all.

Preschool visitations generally take place during the month of May.

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### PRESCHOOL & DAYCARE VISITATIONS

Please sign and return as a part of your child's registration packet for kindergarten

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

Name of preschool/daycare your child currently attends:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Mrs. Murray's           | <input type="checkbox"/> Pathways to Learning | <input type="checkbox"/> Koinonia                       |
| <input type="checkbox"/> Newburyport Montessori  | <input type="checkbox"/> Leaps and Bounds     | <input type="checkbox"/> Kindercare (Low St.)           |
| <input type="checkbox"/> The Children's Castle   | <input type="checkbox"/> Our Secret Garden    | <input type="checkbox"/> Kindercare (Daniel Lucy Way)   |
| <input type="checkbox"/> Bright Horizons         | <input type="checkbox"/> Head Start           | <input type="checkbox"/> Bresnahan Integrated Preschool |
| <input type="checkbox"/> Learning Tree Preschool | <input type="checkbox"/> Knoll-edge           | <input type="checkbox"/> Harmony Natural Learning       |

Other, please provide name and location: \_\_\_\_\_

Name of my child's teacher: \_\_\_\_\_

Days and hours that my child attends preschool/daycare on a weekly basis:

Days: \_\_\_\_\_ Hours: \_\_\_\_\_

Parent/Guardian Name (*please print*) \_\_\_\_\_

I give permission for the Bresnahan Kindergarten team to visit and observe my child at his/her current preschool/daycare.

I do NOT give permission for the Bresnahan Kindergarten team to visit and observe my child at his/her current preschool/daycare.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

