

Francis T. Bresnahan Elementary School

333 High Street
Newburyport, MA 01950



Preschool and Kindergarten
Amy B. Sullivan, Principal
Anne Doble, Asst. Principal
Gina Anderson, Team Facilitation Leader
Phone: (978) 465-4435
Fax: (978) 465-2112

Grades 1-3
Kristina Davis, Principal
Anne Doble, Asst. Principal
Gina Anderson, Team Facilitation Leader
Phone: (978) 465-4431
Fax: (978) 465-2112

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 will take place during the month of May 2018.

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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 |

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: _____

