

PLEASE RETURN TO: ROBIN LIPMAN -- GALES FERRY SCHOOL
1854 Rt. 12 Gales Ferry, CT 06335

DEADLINE: March 30, 2010

Ledyard Public Schools
STARS Preschool
Application



Date of Application: _____

General Information: *The Ledyard Public Schools "STARS" Preschool is a state grant-funded School Readiness Program providing children of the community with early educational experiences. It is currently a partial day preschool (Monday-Friday 8:45-1:45) that follows the Ledyard Public School calendar. Before and after school care and transportation are not provided. Children of Ledyard residents ages 3-5 (not eligible for Kindergarten) may apply. Please complete one application per child.*

Income Guidelines: *Families of children accepted in STARS must meet CT School Readiness Grant income criteria and are required to provide income verification twice per year. In order to have your child considered for the preschool you must have submit and receive confirmation of a complete application.*

Lottery Process: *STARS Preschool students are selected by a lottery process. When a child selected for STARS by the lottery has a twin or triplet sibling(s), these sibling(s) will automatically be enrolled in the program as well. Younger siblings may be accepted but will not be given automatic enrollment.*

Child's Name: _____
Last First Middle

Birthdate: _____ Age: _____ Phone Number _____

Street Address: _____
Number and Street City State Zip

What is the child's first language, if other than English? _____

Mother/Guardian Full Name: _____
Title Last First Age

Home Phone _____ Cell Phone _____ Business Phone _____

Employer and Position: _____

Employer Address: _____
Number and Street City State Zip

Income from Employment (gross earnings from salaries, wages, tips): \$ _____

Father/Guardian Full Name: _____

Home Phone _____ Cell Phone _____ Business Phone _____

Employer and Position: _____

Employer Address: _____

Income from Employment (gross earnings from salaries, wages, tips):\$ _____

Total Gross Annual Household Income from all sources: \$ _____

Child primarily lives with _____ both parents _____ mother _____ father _____ other: _____

Total number of individuals living in the household: _____

List all individuals living in household:

Name	Age/BirthDate	Relationship to Child	School/ Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child attended: ___ Preschool ___ Childcare ___ Home-care

Name of school or childcare setting/provider **Dates**

Has your child received Birth to 3 services? _____yes _____no

If yes, services provided: _____speech/language _____occupational therapy _____physical therapy

Is there any other information that you would like to share with us?

If your child is not selected for the STARS preschool, do you want your child to be considered for a typical peer opening in one of our special education preschool classes? ___yes ___no ___unsure

If yes (Check all that apply) _____ Reverse Mainstream _____ Highly Individualized