

PLEASE RETURN TO: ROBIN LIPMAN – GALLUP HILL SCHOOL  
169 Gallup Hill Road, Ledyard, CT 06339

**DEADLINE: March 30, 2012**

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 Ledyard community with early educational experiences. It is currently a school day preschool (Monday-Friday 8:45-2:45), located at the Gallup Hill School, that follows the Ledyard Public School calendar. Before and after school care and transportation are not provided. Children of Ledyard or Gales Ferry residents ages 3-5 (not eligible for Kindergarten) may apply. Please complete one application per child. Applications received during the school year may be considered for openings if they become available, however rules for the lottery process (see below) still apply.

**Income Guidelines:** Families of children accepted in STARS must meet CT School Readiness Grant income criteria and are required to provide income verification. Please attach 2 weekly pay stubs or other verification with this application. All families pay a family share fee based on income and family size.

**Lottery Process:** STARS Preschool students are selected by a lottery process. When applications are received, they are placed in an applicant pool. Once all applications have been received, names will be drawn, and families will be notified. Decisions are usually completed in May. 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

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

Child's primary language? \_\_\_\_\_ Other Languages spoken in Home: \_\_\_\_\_

**Has your child received Birth to 3 services?** \_\_\_\_\_yes \_\_\_\_\_no  
If yes, services provided: \_\_\_\_\_speech/language \_\_\_\_\_occupational therapy \_\_\_\_\_physical therapy

**Does your child currently receive special education 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?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_