



# Fairfield Public Schools

## 3- and 4- Year Old PRESCHOOL APPLICATION

### 2013-2014 School Year

**Please read carefully as preschool options have changed.**

3-year old and 4-year old preschool slots are limited and available at Burr Elementary, Dwight Elementary and at the Early Childhood Center.

Please use the following information to identify your preference on the next page.

	Burr Elementary School & Dwight Elementary School	Early Childhood Center (ECC) (located at Fairfield Warde High School)
Tuition	<ul style="list-style-type: none"> <li>Tuition determination is based on family income.</li> <li>Full Tuition = \$3,500/year</li> <li>Reduced Tuition = \$1,750/year</li> <li>Free Tuition also available</li> </ul>	
Admission & Placement	<ul style="list-style-type: none"> <li>Admission will occur on a rolling basis</li> <li>Placement will be made as space is available</li> <li>Placement will be made in order to best balance classrooms</li> </ul>	
Age of Students	<ul style="list-style-type: none"> <li>3-year olds (must be 3 by December 31, 2013—students cannot start until they are three years old)</li> <li>4-year olds (must be 4 by December 31, 2013)</li> <li>3-year old students will return as 4-year old students the following year</li> <li><b>students must be toilet trained to start</b></li> </ul>	
Siblings	<ul style="list-style-type: none"> <li>Siblings of preschool children can attend Burr and Dwight</li> </ul>	<ul style="list-style-type: none"> <li>No elementary grades beyond preschool at the ECC</li> </ul>
Curriculum & Assessment	The Fairfield Board of Education Preschool Curriculum identifies what students will learn and be able to do. Developmentally appropriate assessments given throughout the school year measure how students are growing in key curriculum standards.	
Student Enrollment	<ul style="list-style-type: none"> <li>36 student enrollment (18 in the morning and 18 in the afternoon)</li> </ul>	<ul style="list-style-type: none"> <li>Number of students admitted each year is dependent on current enrollment at the ECC.</li> </ul>
Days/ Hours of Program	Five days/week (Monday - Friday) <ul style="list-style-type: none"> <li>Morning 8:45 a.m. to 11:30 a.m. or</li> <li>Afternoon 12:30 p.m. to 3:15 p.m.</li> </ul>	Four days/week (Morning students do <i>not</i> attend on Friday; Afternoon students do <i>not</i> attend on Wednesday) <ul style="list-style-type: none"> <li>Morning 8:45 a.m. to 11:30 a.m. or</li> <li>Afternoon 12:30 p.m. to 3:15 p.m.</li> </ul> Five days/week <ul style="list-style-type: none"> <li>9:00 a.m. – 11:30 a.m. only</li> </ul>
Transportation	Transportation provided to Burr Elementary School from the following schools: McKinley                      Holland Hill Burr                                      Jennings North Stratfield                      Stratfield  Transportation provided to Dwight Elementary School from the following schools: McKinley                      Sherman Dwight                                      Mill Hill Riverfield                                      Osborn Hill	<ul style="list-style-type: none"> <li>Transportation is not provided</li> </ul>



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**3 - and 4 -Year Old PRESCHOOL APPLICATION**  
2013-2014 School Year

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

**Parent/Guardian Information:**

**Mother**/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

**Father**/ Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

**Please provide the following information for the child:**

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Is your child Hispanic/Latino? Yes \_\_\_\_\_ No \_\_\_\_\_

Race (check all that apply):

- American Indian or Alaskan Native \_\_\_\_\_
- Asian American \_\_\_\_\_
- Black or African American \_\_\_\_\_
- Native Hawaiian or Other Pacific Islander \_\_\_\_\_
- White \_\_\_\_\_

**Siblings:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

School sibling attends: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

School sibling attends: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

School sibling attends: \_\_\_\_\_

Please indicate your preferences below.

**Preferred location: (Please check all schools you are interested in applying for)**

Burr Elementary \_\_\_\_\_ Dwight Elementary \_\_\_\_\_ Early Childhood Center \_\_\_\_\_

**Preferred session:**

Morning session \_\_\_\_\_ Afternoon session \_\_\_\_\_ Either session \_\_\_\_\_

**Transportation:**

\_\_\_\_\_ Yes, I need transportation (please see program description for availability of transportation)

\_\_\_\_\_ No, I do not need transportation

**Tuition:**

\_\_\_\_\_ I want to be considered for *tuition free/reduced* admission (income verification necessary)

\_\_\_\_\_ I will pay the *full tuition* (no income verification necessary)

*(Please note that we will attempt to provide families with their first preference but if that is not possible, we will contact you with other options. Final determination of preschool session and school location is made by Fairfield Public Schools.)*

**Additional Information:**

Has the child attended preschool before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide name of school and at what age the child attended: \_\_\_\_\_

Does the child have any special medical condition or needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Does the child have any identified special educational needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

What language did the child learn to speak first? \_\_\_\_\_

What is the primary language spoken in the child's home? \_\_\_\_\_

Is there anything else you think we should know about the child? \_\_\_\_\_

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**Please Note:** Please send a copy of the following items with your application:

- Child's official birth certificate
- Parent/Guardian photo identification (e.g., driver's license)
- Proof of residence (e.g., mortgage/lease agreement)
- Verification of income from both parents/guardians free/reduced tuition consideration (e.g., 1040 tax form for 2011 or 2012)
- State of Connecticut Early Childhood Health Assessment Record

**Please send completed application to:**

**Anna Cutaia-Leonard  
Fairfield Public Schools  
Director of Elementary Education  
501 Kings Highway  
Fairfield, CT 06825**

**Phone Number: (203) 255-8372**

**Fax Number: (203) 255-8273**