



# Fairfield Public Schools

## 3- and 4- Year Old PRESCHOOL APPLICATION

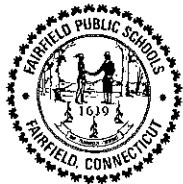
### 2012-2013 School Year

Please read carefully as preschool options have changed.

3-year old and 4-year old preschool slots are limited and available at Burr Elementary and at the Early Childhood Center. Tuition-free and reduced tuition admission will be primarily based on household income and language spoken at home will be a second consideration.

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

	Burr Elementary School	Early Childhood Center (ECC) (located at Fairfield Warde High School)	Early Childhood Center (ECC) (located at Fairfield Warde High School)
Tuition	<ul style="list-style-type: none"> <li>Tuition Free</li> </ul>	<ul style="list-style-type: none"> <li>Tuition Free or Reduced</li> </ul>	<ul style="list-style-type: none"> <li>Tuition Charged (sliding scale based on income—to be determined by the Board of Education)</li> </ul>
Selection	<ul style="list-style-type: none"> <li>Income-based</li> </ul>	<ul style="list-style-type: none"> <li>Income-based</li> </ul>	<ul style="list-style-type: none"> <li>Lottery-based</li> </ul>
Age of Students	<ul style="list-style-type: none"> <li>3-year olds (must be 3 by December 31, 2012—students cannot start until they are three years old)</li> <li>4-year olds (must be 4 by December 31, 2012)</li> <li>3-year old students will return as 4-year old students the following year</li> </ul> <p><i>students must be toilet trained</i></p>	<ul style="list-style-type: none"> <li>3-year olds (must be 3 by December 31, 2012—students cannot start until they are three years old)</li> <li>4-year olds (must be 4 by December 31, 2012)</li> <li>3-year old students will return as 4-year old students the following year</li> </ul> <p><i>students must be toilet trained</i></p>	<ul style="list-style-type: none"> <li>3-year olds (must be 3 by December 31, 2012 students cannot start until they are three years old)</li> <li>4-year olds (must be 4 by December 31, 2012)</li> <li>3-year old students will return as 4-year old students the following year</li> </ul> <p><i>students must be toilet trained</i></p>
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 and Five 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>	Four days/week and Five 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>
Student Enrollment	<ul style="list-style-type: none"> <li>32-36 student enrollment (16-18 in the morning and 16-18 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>	<ul style="list-style-type: none"> <li>Number of students admitted each year is dependent on current enrollment at the ECC.</li> </ul>
Transportation	<ul style="list-style-type: none"> <li>Transportation provided</li> </ul>	<ul style="list-style-type: none"> <li>Transportation <b>not</b> provided</li> </ul>	<ul style="list-style-type: none"> <li>Transportation <b>not</b> provided</li> </ul>
Curriculum	<ul style="list-style-type: none"> <li>The Connecticut State Department of Education Preschool Framework identifies what students will learn and be able to do.</li> </ul>	<ul style="list-style-type: none"> <li>The Connecticut State Department of Education Preschool Framework identifies what students will learn and be able to do.</li> </ul>	<ul style="list-style-type: none"> <li>The Connecticut State Department of Education Preschool Framework identifies what students will learn and be able to do.</li> </ul>
Assessment	<ul style="list-style-type: none"> <li>The Connecticut State Department of Education Preschool Assessment Framework is used to assess student growth.</li> </ul>	<ul style="list-style-type: none"> <li>The Connecticut State Department of Education Preschool Assessment Framework is used to assess student growth.</li> </ul>	<ul style="list-style-type: none"> <li>The Connecticut State Department of Education Preschool Assessment Framework is used to assess student growth.</li> </ul>



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**3 - and 4 -Year Old PRESCHOOL APPLICATION**  
2012-2013 School Year

Please indicate your preference below.

**Preferred location:** Burr Elementary \_\_\_\_\_ Early Childhood Center \_\_\_\_\_ Either \_\_\_\_\_

**Preferred session:** Morning session \_\_\_\_\_ Afternoon session \_\_\_\_\_ Either session \_\_\_\_\_

**I would like to be considered for:** *Tuition free/reduced* admission to Burr or ECC \_\_\_\_\_  
I will pay the *full tuition* to ECC \_\_\_\_\_

*(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.)*

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

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

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

**Parent/Guardian Information:**

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

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

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

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

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

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

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

Race: American Indian \_\_\_\_\_ Asian American \_\_\_\_\_

Black \_\_\_\_\_ Hispanic \_\_\_\_\_

White \_\_\_\_\_ Other \_\_\_\_\_

**Siblings:**

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

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

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

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

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

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

**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, utility bill)
- Verification of income from both parents/guardians in the household for free/reduced tuition consideration (e.g., 1040 tax form)
- State of Connecticut Early Childhood Health Assessment Record

**Please send completed application by March 1, 2012 to:**

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

**Phone Number: (203) 255-8372  
Fax Number: (203) 255-8273**