

# WESTPORT PUBLIC SCHOOLS STEPPING STONES PRESCHOOL

(203) 341-1712 Fax: (202) 341-1714

## APPLICATION FORM 2025 - 2026

Please return application form promptly as a student's  
Acceptance is dependent upon availability.

**Please contact Preschool office and speak to Diane Marcinowski or Megan Clarke for enrollment availability**

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

Date \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male ( ) Female ( )

Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Mother or Guardian \_\_\_\_\_

Bus. Phone \_\_\_\_\_ Email \_\_\_\_\_

Father or Guardian \_\_\_\_\_

Bus. Phone \_\_\_\_\_

Name and Age of Siblings: \_\_\_\_\_

\_\_\_\_\_

Has your child ever been in a preschool program? Yes ( ) No ( ).

If Yes, What Program? \_\_\_\_\_

Where was it located? \_\_\_\_\_

When did your child attend the program? \_\_\_\_\_

Has your child ever received services through Birth-to-Three or any other service providers? If so, what services?

\_\_\_\_\_

Is your child currently receiving services through Birth-to-Three or any other service provider? If so, who and what services? \_\_\_\_\_

Do you have concerns regarding your child's development? \_\_\_\_\_

Does your child have any **allergies** or other **medical concerns** that we need to be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

What are your child's favorite activities?  
\_\_\_\_\_

What type of experiences would you like your child to enjoy in preschool? \_\_\_\_\_  
\_\_\_\_\_

What would you like us to know about your child? \_\_\_\_\_  
\_\_\_\_\_

What are five adjectives that best describe your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**We are now planning for our 2025 – 2026 year. Please indicate in which program you are enrolling your child. Please read age recommendations per program carefully.**

**Tuition rates are set by the Board of Education in the spring. The rates below are for the 2024-2025 school year.**

*I wish to enroll my child in Stepping Stones Preschool (Monday-Friday, 9:30-12:30 pm.)  
Tuition: \$8,401.00 (For ages 3 years to 3 years 11 months).*

*I wish to enroll my child in Stepping Stones Preschool (Monday-Friday 9:30-2:15)  
Tuition: \$12,958.00 (For students ages 4-5 years).*

- **Deposit:** You must enclose a \$250.00 deposit (**non-refundable**) to be considered for acceptance. If your child is accepted your deposit will be credited toward the tuition for 2024-2025 School Year. Please make check payable to **Comptroller, Town of Westport**. Send check and application form to: Stepping Stones Preschool @ Coleytown Elementary School, 65 Easton Road, Westport, CT 06880.
- **Evidence of Legal Residence in Westport – (4) proofs required. One item from Category 1 and three from Category 2:**
  - Category 1:** Signed Rental Lease – **or** - Proof of Ownership, such as Contract to Purchase, Deed, Mortgage Statement, or Property Tax Bill
  - Category 2:** Current Driver’s license – **AND** - two current utility bills or affidavits from Supt. Office
- **Evidence of Birth:** Please attach a copy of the child’s birth certificate or passport