



2024-2025 APPLICATION



EAST LYME INTEGRATED PRESCHOOL PROGRAM

Child's Name: _____	Birth Date: _____
Parent(s) Name: _____	Child's Age: _____
Address: _____	
Phone Number: _____	
Email: _____	

Peers attend the preschool program four days per week. Currently, we have three-hour morning sessions for our three-year old students and five-hour sessions for our four-year old students. Please take the quick survey below, for us to gauge interest in increasing the hours for our three-year-old peers for next year. Tuition rate for the 2024-25 school year is yet to be determined; however, our current rate is \$1750.00 for our three-hour school day and \$1950.00 for our five-hour school day. There are two options for payment-monthly or biannually. A one-time, non-refundable registration fee of \$50.00 is required when your child is accepted. Throughout the year, we may have additional peer openings. If you apply mid-year and are accepted, the tuition will be adjusted based on the number of days remaining in the school year. The preschool program schedule follows the school calendar.

Please give us a brief description of your child, his/her likes and dislikes, play and verbal skills, and social experiences with other children. Please also provide other early childhood programs your child may have attended.

___ I am only interested in sending my three-year-old to your 3-hour session

___ I would be interested in a longer day of up to five hours for my three-year-old

Please Return Completed Application To:

EL Board of Education Central Office
Attention: Cynthia Campbell
165 Boston Post Rd.
East Lyme, CT 06333
Or
Email Application to:
Jennifer.vandusen@elpsk12.org