

# WESTPORT PUBLIC SCHOOLS STEPPING STONES PRESCHOOL

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

## APPLICATION FORM 2026 - 2027

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

**Please contact Preschool office and speak to Laena DeMelo or Diane Marcinowski 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 2026 – 2027 year.**

**Please indicate in which program you are enrolling your child. Please read age recommendations per program carefully.**

***I wish to enroll my child in Stepping Stones Preschool (Monday-Friday, 9:30-12:30 pm.)  
Tuition: \$9,232.00 (For ages 3 years to 3 years 11 months). Billed in two payments. First due in August second in January.***

***I wish to enroll my child in Stepping Stones Preschool (Monday-Friday 9:30-2:15)  
Tuition: \$14,244.00 (For students ages 4-5 years). Billed in two payments. First due in August second in January.***

- **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 2026-2027 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 separate current utility bills or affidavits from Westport Public Schools Superintendent’s office.

- **Evidence of Birth:** Please attach a copy of the child’s birth certificate or passport