



**2018-19
APPLICATION**

EAST LYME INTEGRATED PRESCHOOL PROGRAM

Child's Name: _____ Birth Date: _____

Parent(s) Name: _____ Child's Age: _____

Address: _____

Phone Number: (Home) _____ (Cell) _____

Email: _____

Peers attend the preschool program 4 days per week. We have both morning and afternoon sessions. The tuition rate is \$1650.00 per school year. The first payment is due by September 15th and the final payment is due by December 15th. 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.

Previous Programs attended by your child: _____

Thank you for your application. Our team will contact you as soon as we receive your application to discuss the program and any questions you may have.

Please Return Completed Application To:

**EL Board of Education Central
Office Attention: Cynthia Campbell
165 Boston Post Rd.
East Lyme, CT 06333**