

# Information for Enrollment of Peers in the Early Childhood Education Program (ECEP) 2024-2025 School Year

The Early Childhood Education Preschool Program will be located at Martin School beginning the 2024-2025 school year.

Selection for enrollment will **begin** in May 2024 for the 2024-2025 school year. Recognizing that there may be many more applications than placements available, a lottery will be used to choose students for the program. A waiting list will be established for students not initially chosen for the program. The Early Childhood Education Program (ECEP) Peer Component uses the following procedures to select students who will be enrolled in the program each year:

## **Application Procedures:**

- 1. Children must live in Manchester to be eligible. Applications must be submitted between February 12, 2024 and April 15, 2024.
- 2. Children must be three years of age by August 31, 2024 in order to have his/her application considered for the program. However, parents of children who will turn three years of age after August 31<sup>st</sup> may submit an application to be placed on the waiting list on or after their child's third birthday. The waiting list is for openings that may occur when enrolled children leave the program during the year. This does not guarantee an opening or placement in the program.
- 3. Children who are age eligible for Kindergarten (turn five years old on or before September 1, 2024) are **not** eligible for the Early Childhood Education Program.
- 4. Applications will not be held from one year to the next. For students not already enrolled in the ECEP, a new application must be submitted for each upcoming year. In addition, if a parent refuses an opening in the ECEP or moves to another town while your child is on a waiting list, their name is removed from the waiting list.
- **5.** Siblings of current students will need to submit applications in order to be considered for a peer slot in the ECEP.
- 6. All applicants will be invited to a Playgroup Session in early May 2024 as part of the application process. This will allow our teachers to meet the children and do some activities in a classroom setting. The schedule for the Playgroup will be communicated with you after the application deadline has passed. Please ensure that all contact information is correct on the application.

# **Preschool Schedule & Activity Fees for 2024-2025**

The Early Childhood Education Program follows the Manchester Board of Education calendar. (September through June)

Timely payment is expected. By agreement, activity fees payments will be paid in advance <u>before</u> the first day of school. We reserve the right to withdraw your child from the program for non-payment of activity fees. Payments are accepted in the form of a check or money order ONLY and should be made out to Manchester Public Schools. If your child is enrolled in the Peer Model Program, you will receive an invoice with more information regarding tuition payments.

- <u>3 Year Olds</u>: 5 day half-day program. The tuition fee for the entire school year is \$775 This program runs Monday through Friday 8:15am-11:00am
- <u>4 Year Olds</u>: 4 day half-day program. The tuition fee for the entire school year is \$725 This program runs Monday, Tuesday, Thursday, Friday 12:00pm-2:45pm
- \*\*We do not offer full day classes\*\*
- \*\*Schedule of days is subject to change\*\*

## **Additional Information:**

- Parents must provide transportation. There is NO bus transportation provided for this program.
- Parents are required to follow all State of Connecticut mandates and Manchester Board of Education policies regarding health requirements. All children must get their flu shot.
- Children must be 3 or 4 years of age to enter the Early Childhood Education Program. We encourage children to be toilet trained.

#### As a peer model, we expect your child to demonstrate the following:

- Age appropriate cognitive, motor, social, and speech/language skills.
- The ability to initiate and maintain positive interactions with children.
- Participate and sustain attention in group activities.
- Follow adult directions.

Please keep in mind that the first month of attendance is a trial period. We will be observing our peer models to determine if he/she possesses the above-mentioned skills. If these skills are not exhibited during this trial period, we would consider this program to be inappropriate for your child and encourage you to explore other preschool opportunities for your child. Note if this were to occur, we would refund your activity fees.

**Please note**, if your child is chosen for our preschool program, you will be asked to complete the registration requirements for the Manchester Public Schools. You will receive an email with all instructions and a list of the required documents necessary to complete registration.

#### Please retain these guidelines for reference.



# **Manchester Public Schools**

# **Early Childhood Education Program**

Peer Model Application 2024-2025 School Year

Application deadline: April 15, 2024

Child's First Name:		Child's Last Name:								
Date of Birth:		Gender:		Male		Female				
Address:										
Parent 1			Pa	arent 2						
Name			1	Name						
Relationship			Rela	ationship						
to Student			to	Student						
Address			Α	ddress						
Phone	Home:		Phone		Home:					
	Cell:			Ce						
Email				Email						
Child lives with:	Both Parents Mother only			Father only				Grandparents Other Guardian		
	Please chec	k any words or chara	cteris	tics that a	pply to	you	r child:			
Affection	onate	Shy or fearfu	l				Easily f	rustrated		
Calms easily		Difficult to handle				Нарру				
Moody/Sad		Very active				Quick tempered				
Learns quickly		Distractible				Curious	5			
Seeks or		Likes to be alo			na in	auiet nlav	,			
Seeks out other children for play  Seeks help when needed					ell with other children					
Likes to sit and listen to a story			•	n stay focused on a project						
	currently rocased on a project									
	<u> </u>	have any questions o	r con	cerns abou	ut your	child	l's:			
<b>     </b>	and understanding Explain:									
	to talk clearly									
Seeing clearly Amount of energy										
Amount	от спетву									
Child's Developmental History										
	Met all developmental Premature bir						Toilet trained: Yes No			
		(under 3 lbs 4				Age	trained: _			
Level: Frequ			ear infections							
Explain :										

What language(s) is/are spoken at home?									
What language does the child speak at home?									
Do you need a translator?									
,									
Did or does your child attend another preschool?	Name and Address:								
Yes No									
Has your child been referred to or has received Birth to	o Three services? Yes No								
Is there anything else you would like us to know about	vour child?								
is there differing else you would like us to know about	. your cilia.								
***Students selected for the program will be offered a placement based on availability of openings									
with	in the classrooms.***								
School Session Preferred (Please Check One):									
5 day morning ( <b>3 year olds</b> ) Tuition Fee : \$77!									
4 day afternoons ( <b>4 year olds</b> ) Tuition Fee : \$	/25.00 per year								
Please read and IN	IITIAL the following statements								
Flease read and in	irrial the following statements	Initials							
		<u></u>							
I understand my child must reside in Manchester to be eligible to participate  in the lettery and enrell in the preschool program.									
<ul> <li>in the lottery and enroll in the preschool program</li> <li>I understand that parents are responsible for transportation, there is no bus</li> </ul>									
transportation provided	transportation, there is no bus								
<ul> <li>I understand that I am responsible to make tu</li> </ul>	ition payments by the given								
due date or my child will be withdrawn from t									
I understand all children applying for a peer p  Education Program must be three years of ag									
<ul> <li>Education Program must be three years of ag</li> <li>I understand that the first month is a trial per</li> </ul>									
for my child, he/she will be withdrawn from t									
refunded	, -								
Please mail, deliver or email all applications to:									
Manchester Board of Education									
Attn: Ashley Ladr									
45 North School Street									
Manchester, CT 06042									
Phone: 860-647-3483									
Fax: 860-647-6911 aladr@mpspride.org									
I have read and understand the application procedure	es and activities fee/payment requirements.								
Parent Signature	Date								