



Webster Public Schools
Integrated Preschool Program



**Application for Enrollment Information
 2020-2021**

Webster Public Schools * **77 Poland Street** * Webster, MA 01570
 Phone - 508-943-3646; Fax - 508-949-2364

The Webster Schools Integrated Preschool Program anticipates openings in both the morning and afternoon preschool classes for the 2020-2021 school year. The Integrated Preschool Program provides children with and without special needs a quality early childhood education.

This form is an invitation to apply for the available openings for non-disabled peers for the Integrated Preschool Program for the 2020-2021 school year. Your child **MUST be 4 years old before September 1, 2020 and a resident of Webster at the time of application in order to be considered eligible to apply.**

Completed enrollment applications will be accepted from February 24, 2020 through March 27, 2020. Applications should be dropped off between the hours of 10:00 a.m. and 2:00 p.m. at the Student Services Office at the Webster Public Schools District Administration Building located at 77 Poland Street in Webster. All applicants must have a certified birth certificate verifying their date of birth for eligibility, as well as two forms of proof of residency (recent copy of a utility bill, lease agreement, etc.) at the time of application. You will also be asked to complete a registration packet at the time of application.

Applicants will be given an appointment for screening at the time the application is completed and returned to the Student Services Office. This screening is needed to determine the child’s eligibility as a non-disabled peer slot. Upon completion of the screening process, a lottery will be held for eligible children the week of April 27, 2020, if necessary, and applicants will be notified about their status no later than May 15, 2020. Those not chosen for an open slot will be placed on a waiting list to be considered for future openings as they become available. All applicants will be invited to participate in an open house in June 2020.

Children will be chosen for placement in one of two 4-day sessions. The proposed times for the Preschool Program are as follows:

AM Sessions	Tuesday – Friday	8:30 AM – 11:00 AM
PM Sessions	Tuesday – Friday	12:15 PM - 2:45 PM

Please note that transportation is the the responsibility of the parent

At this time, we anticipate that the final registration process will be completed by May 31, 2020 and that all openings will be filled no later than June 15, 2020.

Please note that the District Administrative Offices are located at **77 Poland Street**, Webster, MA. This location is on the Bartlett High School Campus in the back of the building where the District Administration overhang is located.

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Child's Full Name: _____

*DOB ____/____/____

SEX (circle one): M F

Parent(s) Names: _____

Street Address: _____

*Town/ZIP: _____

Phone: Home: _____ Cell: _____

Email Address: _____

*** Children must be four years old before September 1, 2020 AND a resident of the town of Webster at the time of application, in order to be eligible for enrollment in September 2019. There will be NO exceptions.**

Session Preference: (Check One)

_____ 4-days/Tuesday - Friday - Morning Session (8:30 AM - 11:00 AM)

_____ 4-days/Tuesday - Friday - Afternoon Session (12:15 PM - 2:45 PM)

**While there is no guarantee that the session/location you prefer will be available, we attempt to place your child according to preference, if possible.*

Please answer the following questions to complete this application:

Is your child currently receiving Birth to Age 3 services through Early Intervention or have they previously?

Yes ____ No ____

Is your child currently receiving services through the Webster Public Schools?

Yes ____ No ____

If yes to either of these questions, please note what type of service is currently being provided (for example, Speech, Occupational Therapy, Physical Therapy, etc.) _____

I have read and understand the above information related to the Integrated Preschool Program.

Parent Signature _____

Date _____

-Central Office Use Only-

Screening Date & Time: _____

BC RECD: _____

PR RECD: _____

Receipt Date: ____/____/____

Teacher: _____

Received By: _____

Session: _____

Screening Results: _____

Wait List #: _____

