

Weston Public Schools



Hurlbutt Elementary School
Early Learning Center (ELC)
9 School Road, Weston, Connecticut 06883

Hurlbutt Elementary School's Early Learning Center (ELC) provides services for Weston's preschool students who have special education needs. Since there are no typical preschool classes in the school district, we have developed an integrated model to include typical peers. Children who participate in the program will join the special education students in order to provide strong communication and positive behavior role models. The program operates 5 days a week, 4 ¾ hours per day (8:30 A.M. – 1:15 P.M.). Weston families are welcome to apply to be considered for enrollment in the program. The fee for the 3's and 4's classrooms for the 2018-2019 school year will be \$6,000.00.

If you are interested in having your child participate in the program, complete the application located on the district website, www.westonps.org or pick one up in the Main Office at Hurlbutt. **We will be accepting applications for the program from Monday, December 4, 2017 through Friday, January 12, 2018.**

In order to participate in the program:

- Children must be 3 years of age on or before September 1, 2018.
- Children must be toilet trained.
- Parents are expected to provide transportation.

All completed applications must be returned no later than close of business Friday, January 12, 2018. Please return the applications to:

Jodi Sacchetta
Pupil Personnel Services
c/o Hurlbutt Elementary School
9 School Road
Weston, CT 06883

An informational open house will be held in the ELC, for prospective students and their families, on Tuesday, January 16, 2018 from 1:45 P.M. – 2:30 P.M. Parents and students must attend the open house in order to be considered for the program. At the open house your child will be able to explore our classrooms while parents learn more about the program. **Please RSVP to Jodi Sacchetta by Friday, January 12, 2018 to confirm your attendance.** Mrs. Sacchetta can be reached at jodisacchetta@westonps.org or (203) 291-2721.

In the event we have more students apply than open slots, a lottery will be conducted. The lottery will take place on Wednesday, January 17, 2018 and you will be notified within one week. If your child is selected for the program a \$500 deposit, paid within two weeks, will be required in order to secure your enrollment.

Should you have any questions, please contact Mrs. Sacchetta at jodisacchetta@westonps.org or (203) 291-2721.

Weston Public Schools

Empowering Each Student to Achieve Success and Contribute to Our Global Society

FOR OFFICE USE ONLY

DATE RECEIVED

____/____/____



HURLBUTT ELEMENTARY SCHOOL
2018-19 PRESCHOOL APPLICATION

Date of Application: ____/____/____

Child's Name: _____

Child's Address: _____

Male Female

Date of Birth: ____/____/____

Child age as of 9/1/2018: _____

Parent/Guardian 1: _____

Parent/Guardian 1 E-mail Address: _____

Parent/Guardian 1 Address: _____

Telephone: Home: (_____) _____ Work: (_____) _____

Cell: (_____) _____

Parent/Guardian 2: _____

Parent/Guardian 2 E-mail Address: _____

Parent/Guardian 2 Address: _____

Telephone: Home: (_____) _____ Work: (_____) _____

Cell: (_____) _____

FAMILY

	Name	Age	Male/Female
Parent/Guardian 1:	_____	N/A	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian 2:	_____	N/A	<input type="checkbox"/> Male <input type="checkbox"/> Female
Sibling:	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Sibling:	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Sibling:	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Sibling:	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Sibling:	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Sibling:	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female

Has any member of the family been a student at Weston Preschool Services? YES NO

Has your child been evaluated or received services from Birth to Three or any other early childhood agency? YES NO

If yes, please explain:

PEER RELATIONSHIPS

Does your child prefer to play alone or with other children? ALONE WITH OTHERS

Please explain:

How often is your child involved in play groups or have play dates?

DAY CARE/NURSERY SCHOOL EXPERIENCE

Did your child ever attend Day Care? YES NO

If yes, please provide name of day care, length of time per day (e.g., 2-hours a day) and how often (e.g., 3x a week):

Did your child ever attend Nursery School? YES NO

If yes, please provide name of school, length of class time (e.g., 2-hours a day) and how often e.g., 3x a week):

If your child did attend Nursery School, tell us about your child's reaction to the school experience:

Does your child suffer from separation difficulties? YES NO

If yes, please explain:

HEALTH

Does your child have any allergies? (peanut, bee stings, food, etc.?) YES NO

If yes, please explain:

Does your child have any handicap? YES NO

If yes, please explain:

Does your child have any strong fears or anxieties? YES NO

If yes, please explain:

Does your child take any medication on a regular basis? YES NO

If yes, which medications?

Does your child have a history of ear infections? YES NO

If yes, how many, when?

Please explain any significant medical history:

SELF-HELP SKILLS

Can your child use a spoon and fork? YES NO

Can your child wash and dry his/her hands? YES NO

Does your child need assistance with eating? YES NO

Can your child assist with dressing himself/herself? YES NO

Do you have any concerns about your child's gross or fine motor skills? YES NO

Please explain if necessary:

TOILETING*

- Does your child wear a diaper/pull-up? YES NO
- Is your child toilet trained? YES NO
- If yes, does your child use the bathroom independently? YES NO

Please explain, in detail, where your child is in the toileting process.

****We encourage peer models to be toilet trained. This information will be carefully considered when reviewing applications***

SOCIAL DEVELOPMENT

	ALWAYS	SOMETIMES	NEVER
Sticks to one activity (listens to story, colors) for at least 15 minutes at a time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts limits without getting upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plays with toys without breaking them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plays well with other children (takes turns, shares)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stops an activity when parents say to do so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeps working at something until it is finished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is well liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does what parents ask him/her to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waits his/her turn in games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overreacts or has temper tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses words rather than physical actions to settle arguments with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reacts in ways parents can predict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admits mistakes and doesn't blame others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is easily frustrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes others' feelings (happy, sad, mad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smiles, giggles, laughs in response to something funny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waits to hear the entire question before answering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goes to bed easily without a struggle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks permission to use something that belongs to someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPEECH AND LANGUAGE DEVELOPMENT
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Can other adults understand your child? YES NO

Can your child's peers understand him/her? YES NO

Does your child ask for help when needed? YES NO

Does your child exhibit frustration when expressing himself/herself? YES NO

Does your child ask who, what, where and why questions? YES NO

OTHER INFORMATION

Please tell us anything else you feel is important for us to know about your child.

SIGNATURE & DATE

Parent/Guardian Signature: _____

Print Name: _____

Date: ____/____/____