



Center Elementary School



12 Old Farms Road, Willington, CT 06279

Phone: 860-429-9367

Fax: 860-429-8768

Lisa Cushing; principal

lcushing@willingtonct.org



Pre-Kindergarten Application Information

We are now accepting applications for the 2023-2024 school year. The pre-kindergarten program is designed to provide services to children with special education needs within an inclusive setting. Peer models are accepted on a limited basis.

The selection of peers is made by program staff and administrators based upon previously determined criteria and a play-based screening session. Invitations to the play-based screening will be sent to applicants and their families in May.

Eligible children must be three years of age by August 31 and cannot turn 5 before January 1.

Please return the completed application along with the Ages and Stages Questionnaire to Center Elementary School by mailing it to Stephanie Bergan or by dropping it off at the Center School office. **Applications are due by April 3rd.**

Applicants will be notified by the end of June if their child was accepted into the program.

Please note: Peer slots for the Center School pre-kindergarten are limited. If you want to be assured that your child attends preschool next year, please enroll them in another program in addition to filling out the attached application.

Thank you,

Center School Staff

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RETURN BY: Apr 3, 2023



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WILLINGTON CENTER SCHOOL PRE-KINDERGARTEN APPLICATION

Child's Name _____ Sex: M () F ()

Age _____ Date of Birth _____ Child's primary language _____

Parents/guardian _____ Email _____

Address _____

Telephone _____ Home _____ Work _____ Cell _____

Siblings _____ DOB _____

_____ DOB _____

_____ DOB _____

Is your child toilet trained? _____ yes _____ no

Does your child nap? _____ yes _____ no If so, what time? _____

Describe any school or playground experiences in which your child has participated in:

Please include any additional, pertinent information about your child:

Did anybody refer you to the program? If so, who? _____

Concerns: Check any/all that apply (feel free to provide additional information on the back of this page)

Behavior		Family history of educational disability	
Hearing		Past birth to three services	
Motor skills (balance, coordination, strength)		Vision	
Speech		Other (please describe below or on back)	

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