

Return to: lstartz@learn.k12.ct.us or by mail to:  
Ledyard Public Schools 4 Blonders Bld. Ledyard, CT 06339 Attn: Carole Glenn

Ledyard Public  
Schools  
STARS Preschool



Date of Application: \_\_\_\_\_

Return by: April 23, 2021

**General Information:** The Ledyard Public Schools “STARS” Preschool is an NAEYC Accredited early childhood program for children ages 3-5 who reside in Ledyard and Gales Ferry. It is partially funded by the CT Office of Early Childhood’s School Readiness grant, is a school day preschool (Monday-Friday 8:45-2:45), located at Gallup Hill School, and follows the Ledyard Public Schools calendar. Before and after school care and transportation are not provided. Children ages 3-5 (not eligible for Kindergarten) of Ledyard or Gales Ferry residents may apply. Please complete one application per child. Applications received during the school year may be considered for openings if they become available, however rules for the lottery process (see below) still apply.

**Income Guidelines:** Families of children accepted in STARS must meet CT School Readiness Grant income criteria and are required to provide income verification. Please attach your **2020 Income Tax Return** (black out SSN, do not include Schedules) with this application. All families pay a family share fee based on income and family size. **Applications submitted without documentation of household income are incomplete and will be returned.** Only complete applications that include income documentation will be included in the applicant pool for the lottery.

**Lottery Process:** STARS Preschool students are selected by a lottery process. When applications are received, they are placed in an applicant pool. Once all applications have been received, the lottery is conducted and families notified by email. When a child selected for STARS by the lottery has a twin or triplet sibling(s), these sibling(s) will automatically be enrolled in the program as well. Younger siblings may be accepted but will not be given automatic enrollment.

**Child’s Name:** \_\_\_\_\_  
Last First Middle Gender

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address: \_\_\_\_\_  
Number and Street City State Zip

Parent/guardian 1 Full Name: _____	Parent/guardian 2 Full Name: _____
Email address: _____	Email address: _____
Cell Ph: _____ Work Ph: _____	Cell Ph: _____ Work Ph: _____
Employer: _____	Employer: _____
Position: _____	Position: _____
Employer address: _____	Employer address: _____
Income from Employment: \$ _____	Income from Employment: \$ _____
Income from other sources (SSI, Veterans’ Benefits, Unemployment, Workers’ Comp, Alimony, Foster Care pmts., etc.) \$ _____	Income from other sources (SSI, Veterans’ Benefits, Unemployment, Workers’ Comp, Alimony, Foster Care pmts., etc.) \$ _____

Total Gross Annual Household Income from all sources: \$ \_\_\_\_\_

Child primarily lives with \_\_\_\_\_ both parents \_\_\_\_\_ parent 1 \_\_\_\_\_ parent 2 \_\_\_\_\_ other: \_\_\_\_\_

Total number of individuals living in the household: \_\_\_\_\_

List all individuals living in household:

Name	Age/Birthdate	Relationship to Child	School/ Grade

Has your child attended: \_\_\_ Preschool \_\_\_ Childcare \_\_\_ Home-care

Name of school or childcare setting/provider	Dates

Child's primary language? \_\_\_\_\_ Other Languages spoken in Home: \_\_\_\_\_

Has your child received Birth to 3 services? \_\_\_\_\_yes \_\_\_\_\_no  
If yes, services provided: \_\_\_\_\_speech/language \_\_\_\_\_occupational therapy \_\_\_\_\_physical therapy

Does your child currently receive special education services? \_\_\_\_\_yes \_\_\_\_\_no  
If yes, services provided: \_\_\_\_\_speech/language \_\_\_\_\_occupational therapy \_\_\_\_\_physical therapy

Is there any other information that you would like to share with us (use another page if needed)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the STARS Program?  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE ONLY: _____ % SMI _____ weekly tuition
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