

MANCHESTER PUBLIC SCHOOLS
Jump Start Kindergarten
Lottery Application
2013

Child's Name: _____

Parent's Name: _____

Address: _____

Best Daytime Phone: _____

Child's Date of Birth: _____ **Age:** _____ **Male** **Female**

Child's First Language: _____

Language Spoken at Home: _____

Neighborhood School: _____

In the last year, was your child:

Cared for by a parent?

- Yes – All day
- Yes – Part of the day
- No

Cared for someone other than a parent?

- Yes
- No

If your child was regularly cared for by someone other than a parent, how often did they receive this care?

- All day, five days per week
- All day, less than five days per week
- Part of the day, five days per week
- Part of the day, less than five days per week

If your child was regularly cared for by someone other than a parent, who provided the care? (Please check all that apply.)

- A day care center
- A home-based day care provider
- A nursery school or preschool _____
(Name of School)
- A relative, neighbor or friend
- Head Start

What other activities did your child do in the last year? (Please check all that apply.)

- Regular reading to child (i.e. bedtime stories)
- Play groups
- Public library visits, story times, or special programs
- Museum visits, special programs, or classes (i.e. The Lutz Museum)
- Parks and Recreation programs

OVER, PLEASE

Please list any other experiences your child may have had:

Students selected from the lottery will be placed in either Buckley School or the Manchester Preschool Center based on their home school location.

All children applying for the Jump Start Kindergarten program must be 5 years old on or before December 31, 2013.

Kindergarten registration must be completed before acceptance into the program.

Students that are accepted are required to attend the full 6 week program. Jump Start Kindergarten will be held 7/1-8/8, 8:30-12:00.

Transportation will be provided.

Application deadline: June 14, 2013

Please mail or deliver lottery application to:

Hillary Gibson, Early Childhood Secretary
Manchester Preschool Center
60 Washington Street
Manchester, CT 06042

I have read and understand the lottery procedures and requirements .

Parent Signature

Date



For Office Use Only

Assigned School: _____ Teacher: _____