

MANCHESTER PUBLIC SCHOOLS
Jump Start Kindergarten
Lottery Application
2015

Child's Name: _____

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

Parent's Name: _____

Address: _____

Best Daytime Phone: _____

Child's First Language: _____

Language Spoken at Home: _____

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 attend the program at the Manchester Preschool Center.

All children applying for the Jump Start Kindergarten program must be 5 years old on or before December 31, 2015.

Kindergarten registration must be complete before June 12, 2015 in order to be accepted into the program.

Students that are accepted are required to attend the full 4 week program. Jump Start Kindergarten will be held Monday thru Thursday, from July 6, 2015 until July 30, 2015, 8:30-12:00.

Transportation will be provided.

Application deadline: **April 10, 2015**

Please return lottery application to:

Ashley Ladr, Early Childhood Education Secretary
Manchester Preschool Center
860-647-3483
60 Washington Street
Manchester, CT 06042
aladr@mpspride.org

I have read and understand the lottery procedures and requirements .

Parent Signature

Date



For Office Use Only

Assigned School: _____ Teacher: _____

*2015 Jump Start Kindergarten
Transportation Form*

If your child is selected through the lottery process for the Jump Start Kindergarten program, will they require transportation to and from school?

Yes No

If yes, please complete this form:

Student Name: _____ DOB: _____

Parent(s) Names: _____

Home Phone: _____ Work/Cell Phone: _____

Pick-Up/Drop-Off Address (**Pick-up and Drop-off locations must be the same every day**):

Is this a Day Care Address? Yes No

Name of Daycare: _____ Phone #: _____

Any questions please contact:
Manchester Board of Education
Telephone: 860-647-3476
Transportation Coordinator: Joanne Hebert
B11jhebe@mpspride.org

PLEASE DO NOT WRITE BELOW – FOR TRANSPORTATION OFFICE USE ONLY

Vendor Confirmation

Name of Vendor: _____ Effective Date: _____

Vehicle to School: _____ Vehicle Home: _____

Stop: _____ Stop: _____

Pick-Up Time: _____ Drop-Off Time: _____

Comments: