

Return to: fpacheco@learn.k12.ct.us or by mail to:  
Gallup Hill School, 169 Gallup Hill Rd, Ledyard, CT 06339  
Attn: STARS Preschool

Ledyard Public  
Schools  
STARS Preschool



Date of Application: \_\_\_\_\_ Return by: 4/25/24

**General Information:** The Ledyard Public Schools “STARS” Preschool is an NAEYC Accredited early childhood program for children ages 3-5 who reside in Ledyard or 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 (per the Board of Education, children enrolled in our preschool program at GHS who will have attained the age of 5 on or before January 1, 2025 or children who are 5 prior to September 1st, 2024 are eligible to register for Kindergarten), and residents of Ledyard or Gales Ferry 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 **2023 Income Tax Return (black out ALL SSN, routing and account numbers, 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.)<br>\$ _____ | Income from other sources (SSI, Veterans’ Benefits, Unemployment, Workers’ Comp, Alimony, Foster Care pmts., etc.)<br>\$ _____ |

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 \_\_\_ Child Care Center \_\_\_ Home Child 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)

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How did you hear about the STARS Program?

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|----------------------|
| OFFICE USE ONLY:     |
| _____ % SMI          |
| _____ weekly tuition |