

Low Cost Preschool Program Offered Next Year

The Mount Laurel Township Public School District is offering a low cost preschool program for a limited number of four to five-year-old children for the 2019-2020 school year. Classes will be held in our district elementary school buildings. These Preschool Inclusion classes will enroll preschoolers with disabilities along with their peers in order to provide public school opportunities according to the Individuals with Disabilities Education Act.

Teachers will be fully certified and classes will prepare children for Kindergarten. Classes will meet five days per week for 2 1/2 hours per day. We are looking to recruit up to 55 lottery children for these new classes.

This year we are offering a limited full day option at selected schools. If interested please indicate on the application you submit.

Eligible children must have been born between **October 2, 2014 and October 1, 2015**. No transportation or child-care will be provided for students. Children must be toilet trained and should have age-appropriate verbal skills.

Selection for the program will be by lottery. Applications for this preschool program are available at all schools, the Hattie Britt Administration Office and the Child Study Team Office, in addition to the one found on this page.

The cost will be \$2,500 per year for the half-day program and \$4,500 per year for the full day program (September-June). A deposit of \$500 is due upon acceptance in the program. Tuition payments are made in installments throughout the year. Based on Income Eligibility Guidelines, some students may qualify for reduced or free tuition.

To apply for this program, complete the form below and return **NO LATER THAN APRIL 15TH** to the Child Study Team Office at 301 Larchmont Boulevard, Mount Laurel, NJ 08054. We will notify parents of selected children by May 6, 2019. Please contact Dr. Diane Willard at (856) 235-3417 for further information.

Inclusive Preschool Program Application

Child's Name: _____

Birth Date: _____ Girl _____ Boy _____

Address: _____

Phone Number: _____

Neighborhood School: _____

Program Choice: (Check off program you would be interested in.)

Half-day _____ Full day _____ (half-day, if full day is unavailable _____)

Parent/Guardian: _____
(Please Print Name)

Parent/Guardian Signature: _____

Selection will be by lottery to assure that all children have comparable access to this program.

REMEMBER: THE DEADLINE IS 4/15/19 FOR THIS LOW COST PROGRAM.

**Mail to:
Mount Laurel Schools Child Study Team Office
301 Larchmont Boulevard, Mount Laurel, NJ 08054**