



# Colchester Elementary School

315 Halls Hill Road  
Colchester, Connecticut 06415  
Phone: (860) 537-0717  
Fax: (860) 537-6573  
www.colchesterct.org

*Judy O'Meara*  
Principal

*Meghan B. Amado*  
Assistant Principal

October 2022

Dear Parent(s)/Guardian(s):

Thank you for expressing interest in our integrated program for preschoolers with and without disabilities. Colchester Public Schools provides an opportunity for 3-, 4-, and 5-year-old children to obtain an early childhood preschool education at the Colchester Early Childhood Program. **There is an annual tuition cost of \$750 (\$75 per month) for part-day classrooms and \$1,500 for school day.**

The Mission Statement, Philosophy, Goals, and objectives are available on our CPS website in our Colchester Elementary School Student Handbook, found on our CECP Preschool page. After reviewing it, if you are interested in having your child attend the program, complete the application form on the following page and return it by **January 31, 2023, to:**

Attn: Principal Judy O'Meara  
Colchester Elementary School  
315 Halls Hill Road  
Colchester, CT 06415

**Children will be selected at random through a lottery process.** Selection will be made in the month of February by a school administrator. In February, letters will be sent to families to let them know when the lottery will be held. Those not selected for immediate placement will be placed on a waiting list. Children who are not yet 3 by the start of the school year will have to wait until their third birthday to attend.

We suggest that your child attends a preschool screening session. Please visit our CPS website ([www.colchesterct.org](http://www.colchesterct.org)) and see our [CECP Preschool page](#) to schedule a pre-screening.

Sincerely,

*Judy O'Meara*  
Principal

**COLCHESTER PUBLIC SCHOOLS  
COLCHESTER EARLY CHILDHOOD PROGRAM  
APPLICATION**

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ **AGE AS of 8/31/23:** \_\_\_\_\_ YR \_\_\_\_\_ MO  
(Must be 3 to begin)

PARENT(S)/GUARDIAN(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_ EMAIL : \_\_\_\_\_

**PLEASE PLACE MY CHILD:  
(You can select more than one)**

\_\_\_\_\_ **IN THE PART-DAY THREE-YEAR-OLD LOTTERY**

\_\_\_\_\_ **IN THE PART-DAY FOUR-YEAR-OLD LOTTERY**

\_\_\_\_\_ **IN THE SCHOOL-DAY LOTTERY**

Based on the information presented regarding the integrated preschool program, I am interested in having my child attend. I understand that if my child is selected for participation I will be charged tuition and will need to complete registration forms, including **records of required immunizations**.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PLEASE RETURN BY JANUARY 31, 2023 TO:**

Colchester, Elementary School  
Principal Judy O'Meara  
315 Halls Hill Road  
Colchester, CT 06415

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We encourage you to schedule a screening for your child once they turn 3 years old. Any concerns before your child turns 3 years old can be discussed with your pediatrician. You do not need to schedule a screening to add your child to the lottery. PLEASE CHECK BELOW:

\_\_\_\_\_ MY CHILD HAS BEEN SCREENED BY THE PRESCHOOL TEAM  
DATE OF SCREENING: \_\_\_\_\_

\_\_\_\_\_ MY CHILD HAS A SCHEDULED APPOINTMENT WITH THE PRESCHOOL TEAM  
DATE OF ANTICIPATED SCREENING: \_\_\_\_\_