

Dear Parents,

We are very proud to share information with you regarding Manasquan Elementary School's Integrated Preschool Program!

Our program focuses on the needs of our youngest students, including building a strong foundation for learning & developing important readiness skills that will lead to school success. We believe that the needs of the whole child must be enhanced through a wide range of experiences that address a child's academic, social, behavioral, emotional, and physical growth.

Every child in our school is special and unique. In our Integrated Preschool Program, we look forward to having the opportunity to join together with parents in a very important partnership to best meet the needs of the children. Our goal is to provide each and every preschooler with enriched learning experiences and enhance his or her own personal development.

Sincerely, *Margaret Polak* Supervisor of Special Services

Colleen Graziano

Principal

Applications are available on the elementary school website and in the Main Office of the elementary school.

Children who are selected for the 3 year-old session this year will be given priority to enroll in next year's 4 year-old program.

Parents are responsible for transportation of preschool students without special needs who are selected via the lottery process.



For more information contact Margret Polak, Supervisor of Special Services, at (732) 528-8810 (ext. 2043)



MANASQUAN ELEMENTARY SCHOOL

Integrated Preschool Program

2019-2020





ENTRANCE REQUIREMENTS

Our Integrated Preschool is a tuition program for children between the ages of 3 and 5 who are residents of Manasquan.

In order to register a birth certificate and (3) three proofs of residency must be included in the district application packet. All preschoolers MUST comply with mandated immunization and dental regulations, and complete the required physical evaluation forms documenting health history. All preschoolers must also be toilettrained. Enrollment is open to a limited number of preschool students without special needs.

All application must be received no later than March 1, 2019. Parents will receive written notification of acceptance no later than May 1, 2019. If offered placement, confirmation of attendance is required by June 1, 2019.

TUITION

Payable in 10 monthly installments due on or before the first of the month.

3 year old session students—TBD 4 year old session students—TBD



TOOLS OF THE MIND

Tools of the Mind is a comprehensive, research based curriculum based upon a specific set of beliefs about how children develop and learn. The purpose of the Tools curriculum is to support children's development of cognitive and social-emotional regulation, areas that have been found to have a stronger association with school readiness than IQ or entry-level reading or math skills.

PROGRAM ENHANCEMENTS

Embedded in our integrated preschool program are speech, occupational therapy, and adaptive physical education classes. These classes are provided once a week in an effort to supplement the strong academic program being provided.



3 year-olds

(birth dates between October 1, 2015 through September 1, 2016)

Our 3 year-old program is offered in two sessions. The first session (3A) meets from 8:10 AM to 10:30 AM. The second session (3B) meets from 10:35 AM to 12:55 PM <u>Students will be assigned to a session</u>



4 year-olds

(birthdates between October 1, 2014 through September 30, 2015)

The 4 year-old program meets from 8:10 AM to 12:55 PM

All preschool sessions are held five days per week, Monday to Friday

The Integrated Preschool Program starts on **Thursday** September 5, 2019



Manasquan Public Schools

Department of Special Services 168 Broad Street, Manasquan, NJ 08736 Phone: (732) 528-8810, ext. 2043 ◆ Fax: (732) 223-9736 Margaret Polak, Supervisor of Special Services

INTEGRATED PRESCHOOL APPLICATION – 2019-2020 SCHOOL YEAR

APPLICATIONS	S MUST BE RECEIVED NO	O LATER THAN MA	RCH 1, 2019		
STUDENT'S NAME		Middle	DATE OF BIRTH	MALE FEMA	
3-Year Old Program Birthdates between October 1, 2015 thru September 1, 2016		Birthdates between October 1, 2014 thru September 30, 2015			
ALL CHILDREN MUST B	E TOILET TRAINED	PRIOR TO EN	NTERING THE PE	ROGRAM	
PARENT/GUARDIAN INFORMATION					
MOTHER/GUARDIAN		FATHER/GUARDIAN			
HOME ADDRESS		HOME ADDRESS			
HOME # WITH AREA CODE	НО	ME # WITH AREA CO	DDE		-
CELL # WITH AREA CODE		CELL # WITH AREA CODE			
EMPLOYER NAME & ADDRESS	EM	PLOYER NAME & AD	DRESS		
WORK # WITH AREA CODE	WC	WORK # WITH AREA CODE			
EMERGENCY CONTACT INFORMATION					
FIRST & LAST NAME		RELA	ATIONSHIP		
HOME ADDRESS					
Street		Town	State	Zip	
HOME # W/AREA CODE CELL #	W/AREA CODE	WORK # \	W/AREA CODE		
IS ENGLISH THE PRIMARY LANGAGUE IN YOUR HON	ME? Yes No				
DO YOU BELIEVE YOUR CHILD MAY HAVE SPECIAL I	NEEDS, SUCH AS SPEECH A	AND LANGUAGE THE	ERAPY NEEDS? Yes	No	
IF YES, PLEASE DESCRIBE					
I UNDERSTAND THAT IF MY CHILD IS OFFI (PAYABLE IN 10 MONTHLY INSTALLMENT				ON PAYMENT	
arent/Guardian Signature Date					
MAIL COMPLETED APPLICATION TO: Manase ALL MAIL P ORIGINAL BIRTH CERTIFICATE AND THI YOU WILL RECEIVE WRITT IF YOU CHILD IS OFFERED PLACE PROPER MEDICAL DOCUMEN ALL CHILDREN MUST BE TO	MUST BE RECEIVED NO L REE (3) PROOFS OF RESI FEN NOTIFICATION OF A EMENT, CONFIRMATION NTATION WILL BE REQUI	ATER THAN March DENCY MUST BE PF CCEPTANCE NO LAT OF ATTENDANCE IS RED PRIOR TO THE S	1, 2019 RESENTED WITH YOU FER THAN MAY 1, 201 S REQUIRED BY JUNE START OF THE PROGRA	R APPLICATION Formula 19. Du 1, 2019. 20	orm vised Oec. 018