



# 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

September 2023

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 \$3000 (\$300 per month) for part-day classrooms and \$6500 (\$650 per month) for school day.**

The Mission Statement, Philosophy and Goals, and the objectives of the program are available on our website at [www.colchesterct.org](http://www.colchesterct.org). After reviewing it, if you are interested in having your child attend the program, complete the application form and return it by **January 31, 2024 to:**

Attn: Assistant Principal Meghan Amado  
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 you 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 or potty trained by the start of the school year will have to wait until their third birthday and completion of potty training to attend.

We suggest that your child attends a preschool screening session. Please visit our website to [schedule a pre-screening](#) or use the Sparkler App.

Sincerely,

*Judy O'Meara*  
Principal

*Meghan Amado*  
Assistant Principal



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

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

DATE OF BIRTH: \_\_\_\_\_ **AGE AS of 8/31/24:** \_\_\_\_\_ 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 FOUR YEAR OLD LOTTERY**

Based upon 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, 2024 TO:**

Meghan Amado  
Assistant Principal  
Colchester Elementary School  
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: \_\_\_\_\_