



## Preschool Program at Captain Isaac Paine

We are currently seeking children for Captain Isaac Paine's 2021-22 public preschool program. Our program will be an enjoyable learning experience for children and will encourage all students to reach their potential. The curriculum will be hands-on and will allow students to learn through exploration and collaborative learning opportunities. The program will be inclusive and may include typically developing and special education students. Per state regulations, the maximum enrollment in a session is 15 students, with less than 50% being children with disabilities. The program will be taught by a certified teacher and there will be an instructional assistant in the classroom as well.

Applications will be reviewed and a lottery for acceptance will be taken at a later date.

### **Preschool Enrollment Requirements:**

- Participate in Child Outreach Screening. (Contact Julie LePain at 647-7560 for a screening appointment by 6/30/21.).
- Be toilet trained.
- Be a resident of Foster.
- Be transported to and from school daily.
- Complete Foster School District registration packet and requirements.
- Pay annual enrollment fee per child enrolled.

### **Selection Process:**

- Children will be selected based upon a lottery.
- If the name of a child from a multiple birth (twin/triplets) or sibling is chosen, both/all children can enter into the classroom if space allows.
- Preference will be given to 4-year-olds who will be entering kindergarten in 2022.

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***Please fill out the application and mail to:***

*Kim Soares at 160 Foster Center Rd; Foster, RI 02825.*

***All applications must be received by April 1, 2021.***

Questions can be directed to: Marcella Clark, Principal, 647-5100 or [marcella.clark@paineschool.org](mailto:marcella.clark@paineschool.org)

# Preschool Application

## Captain Isaac Paine Integrated Preschool Application Integrated Preschool Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Application Completed By: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Child Outreach Screening Date: \_\_\_\_\_

Please fill out the following questions by circling the appropriate response:

Y=yes N=no

- |   |   |   |
|---|---|---|
| 1. Separates easily from parents                              | Y | N |
| 2. Eats independently   | Y | N |
| 3. Uses feeding utensils appropriately                        | Y | N |
| 4. Dresses him/herself  | Y | N |
| 5. Puts socks and shoes on independently                      | Y | N |
| 6. Puts coat on independently                                 | Y | N |
| 7. Buttons/unbuttons with some assistance                     | Y | N |
| 8. Engages zipper on coat with some assistance                | Y | N |
| 9. Washes and dries hands independently                       | Y | N |
| 10. Washes face independently                                 | Y | N |
| 11. Uses facial tissues independently                         | Y | N |
| 12. Toilets independently, including cleaning and dressing    | Y | N |
| 13. Puts toys away when asked                                 | Y | N |
| 14. Participates in small group activities                    | Y | N |
| 15. Joins in play with other children; initiates interactions | Y | N |
| 16. Takes turns and shares with others                        | Y | N |
| 17. Uses play materials appropriately                         | Y | N |
| 18. Tries to help with chores (ex-sweeping)                   | Y | N |
| 19. Follows rules of simple games/directions                  | Y | N |
| 20. Attends to stories read aloud                             | Y | N |
| 21. Identifies colors   | Y | N |
| 22. Identifies shapes   | Y | N |

At what age (approximately) did your child begin talking? \_\_\_\_\_

How would you describe your child's vocabulary?

Fair \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

How well does your child understand directions?

Fair \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

Does your child have other children his/her age that he/she plays with and talks to on a regular basis?

Yes                      No

How well does your child talk to other children his/her age? Does he/she use complete sentences, ask questions, take turns in conversations, etc.....

Fair \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

How well does your child handle not getting his/her own way? Does your child use his/her words to let others know how he/she feels?

Fair \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

Please tell us a little about your child:

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Check if you have another sibling you will be entering into the preschool lottery.