

## SAYREVILLE PRESCHOOL PROGRAMS 2011-2012

Enrollment is limited. **All applications received by Thursday, July 7<sup>th</sup>, 2011 will be entered in a lottery** to ensure each applicant equal opportunity to be accepted in to the program. All applicants will be notified no later than Monday, July 11, 2011. (Payment for first choice must be enclosed to be included in lottery)Acceptance is contingent upon receipt of students BIRTH CERTIFICATE and UP-TO-DATE IMMUNIZATION RECORDS. No student will begin the program until all documents are received. NO TRANSPORTATION is provided. Age appropriate readiness activities will be offered. **All students must be toilet trained.**

**Selover School** : SEPT. 19, 2011 TO DEC.22nd, 2011 & JAN.17, 2012 TO JUNE 1, 2012 **Samsel School**: District Calendar starts on SEPTEMBER 8th, 2011

Age requirements: **(3)** Child must be 3 by Oct 31, 2011 **(4)** Child must be 4 by Oct 31, 2011

<p><b>Session A (4)</b> Mon,Weds,Fri 9:00-11:30am Tuition \$440/Session</p>	<p><b>Session B (4)</b> Mon,Weds,Fri. 12:15-2:45 p.m. Tuition \$440/Session</p>	<p><b>Session C (3)</b> Tues&amp;Thurs 9:00-11:30am Tuition \$330/Session</p>	<p><b>Session D (3)</b> Tues&amp;Thurs 12:15-2:45 p.m. Tuition \$330/Session</p>	<p><b>(SELOVER SCHOOL)</b> Mrs.K</p>
<p><b>Session E(3)</b> Mon,Weds, Fri 8:55-11:20 a.m Tuition \$1090/ YEAR</p>	<p><b>Session F(3)</b> Mon,Weds, Fri 12:40-3:10pm Tuition \$1090/ YEAR</p>	<p><b>Session G(3)</b> Tues&amp;Thurs 8:55-11:20 a.m. Tuition \$840/ YEAR</p>	<p><b>Session H(3)</b> Tues &amp;Thurs 12:40-3:10pm Tuition \$840/ YEAR</p>	<p><b>(SAMSEL UPPER ELEMENTARY)</b> integrated program Miss Kim</p>
<p><b>Session I(4)</b> Mon thru Fri 8:55-11:20 a.m Tuition \$1820/ YEAR</p>	<p><b>Session J(4)</b> Mon thru Fri 12:40-3:10pm Tuition \$1820/ YEAR</p>			<p><b>(SAMSEL UPPER ELEMENTARY)</b> integrated program Mrs.C</p>

-----  
PRE-SCHOOL REGISTRATION FORM

Parent \_\_\_\_\_ Student \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

First Choice (circle one)    A    B    C    D    E    F    G    H    I    J  
 Second Choice (circle one)    A    B    C    D    E    F    G    H    I    J

Does your child have any special medical needs? Yes \ No (circle one)

You may pay in full or ½ payment plan : Make checks payable to **Sayreville Adult School post dated on July 11, 2011**

A or B    \$880 or    \$440  
 C or D    \$660 or    \$330  
 E or F    \$1090 or    \$545  
 G or H    \$840 or    \$420  
 I or J    \$1820 or    \$ 910

**Mail registrations to:**  
 Sayreville Preschool  
 Sayreville Board of Education  
 P.O. BOX 997  
 Sayreville NJ 08872

Questions call: 732-525-5200 ext 2266 or Email : Michelle.Kraivec@sayrevillek12.net