

2022 Summer Program Application Process

Please be sure the following information is included with your child's application. If we are missing information, we will not be able to process the application.

Step One: Application

- Completed Application (enclosed) and \$75.00 nonrefundable application fee, made payable to Centreville Layton School **by May 15, 2022**
- Completed Teacher Report Form (enclosed)
 - Please ask your child's teacher to complete this form and mail it to the attention of Meghan Kivler at Centreville Layton School.
- A copy of your child's most recent report card
- A copy of your child's most recent Psychological/Educational Evaluation (if applicable)
- A copy of your child's most recent Occupational Therapy and/or Language Therapy Evaluation (Unfortunately we cannot provide these services without an evaluation on file)
- Please address all applications, registration forms, and paperwork to the attention of Meghan Kivler at the address below.

Step Two: Acceptance

- After careful review of your child's application by the Admissions Committee, you will receive confirmation in writing and by phone of acceptance or denial into the Summer Program. Should we need further information about your child, we will contact you.
- Upon your child's acceptance you will receive a packet with a contract and information required to complete your child's enrollment. Please fill out the documents included in this packet and return them with your deposit.
- A deposit of \$500.00 is required at the time of acceptance. This deposit will secure a spot for your child and will be applied to summer tuition.

Step Three: Finalizing Enrollment

- Final payment is due by June 1, 2022. If payment is not made in full by this time, your child's spot cannot be guaranteed. A late fee of 12% APR on any outstanding balance will be charged after a five-day grace period.

Centreville Layton School is a nonprofit, nonsectarian school that accepts students without regard to race, creed, or national origin.

Please contact me with any questions or concerns,

Meghan Kivler
Director of Admissions
mkivler@centrevillelayton.org

Rich Taubar
Director of Summer Program
rtuabar@centrevillelayton.org



CENTREVILLE LAYTON SCHOOL APPLICATION FOR ADMISSION SUMMER PROGRAM 2022

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APPLICANT AND PARENT/GUARDIAN INFORMATION

Date of Application ____ / ____ / ____

Child's Full Name _____ Preferred First Name _____

Male Female Date of Birth ____/____/____ Age _____

Applying to Grade _____ Applying for School Year _____ to _____

FATHER or GUARDIAN #1

MOTHER or GUARDIAN #2

Name _____

Nickname _____

Home Address _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

E-mail _____

Employer _____

Type of Business _____

Title/Position _____

Business Address _____

Work Telephone _____

Preferred Method of Contact _____

EDUCATION

High School _____

Colleges _____

Highest Degree _____

ACADEMIC INFORMATION

Current School _____ Date of Entry _____

School District _____

School Address _____

School Telephone _____

Other Schools Attended _____ Grade(s) _____ Year(s) _____ to _____

_____ Grade(s) _____ Year(s) _____ to _____

_____ Grade(s) _____ Year(s) _____ to _____

Has your child repeated a grade? No Yes At your request? At teacher's request? Grade: _____

Is Applicant: Right Handed Left Handed

Has your child been in a resource room? Yes No Has your child received tutoring? Yes No

Subjects and Reason: _____

Educational Testing Evaluation Date: _____ Administered by: _____

Neurological Testing Evaluation Date: _____ Administered by: _____

Does your child have a formal diagnosis? Yes ____ No ____ Diagnosis: _____

IEP or 504 Plan Recent Implementation Date: _____

Occupational Therapy Evaluation Therapist's Name and Phone: _____

Reason for Therapy/Frequency: _____

Speech or Language Therapy Evaluation Therapist's Name and Phone: _____

Reason for Therapy/Frequency: _____

Did your child achieve their age appropriate developmental milestone? Yes ____ No ____

If no, please describe: _____

If your child received counseling for any reason, list all Therapists/Counselors starting with the most recent.

<i>Name</i>	<i>Phone</i>	<i>Time Period</i>	<i>Permission to Contact</i>

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PARENT SIGNATURES

- ❖ I grant permission to Centreville Layton School to share all admissions documentation, testing, and reports submitted as part of the application process with the Admissions Committees and relevant staff.
- ❖ I grant permission to Centreville Layton School to conduct an observation of our child in their current school setting as part of the application process.

A non-refundable \$75 fee must accompany this application.

Please make checks payable to Centreville Layton School.

I (we) affirm to the best of my (our) knowledge the above information is complete and accurate. I (we) understand and accept that falsification or deception in any aspect of the application process may result in an immediate review and possible revocation of admission.

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____

*This preliminary application is merely a statement of intent, not an enrollment contract.
A formal enrollment contract must be signed after the applicant has been accepted for admission.*

Centreville Layton School is a non-profit, nonsectarian, nondiscriminatory organization founded in 1974 and incorporated in 1978. We accept students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities available to students at this school. We do not discriminate on the basis of race, color, gender, creed, or national or ethnic origin in the administration of our education, admissions, financial support, athletic or other programs administered by the school.

TUITION BREAK DOWN

Please indicate below the program your child is being enrolled in. Upon acceptance you will receive a contract based on your choices. If more information is needed our summer program director will contact you.

	Tuition
<input type="checkbox"/> 5-week Daily Morning Care 7:30am - 8:10am	\$150.00
<input type="checkbox"/> My child may occasionally attend Morning Care 7:30am - 8:10am	Billed \$10.00/per attendance
<input type="checkbox"/> Pre-K to 8th Grade Academic Morning Program Reading Writing Math 8:30am – 12:30pm This includes therapy if deemed necessary	\$2,750.00
<input type="checkbox"/> 5-week Daily Recreation Afternoon Program 12:30pm – 5:30pm	\$1,200.00
<input type="checkbox"/> The Recreational Afternoon Program is also available at a drop in rate of \$65.00/day	\$65.00/day



2022 Summer Program MS Teacher Report Form

_____ has applied to attend Centreville Layton School's Summer Program. The goal of this program is to help students maintain and develop academic skills. Your input is very helpful to us. Please complete this form and return it to Centreville Layton School Summer Program by May 1, 2022.

Grade level 2022-2022 school year: _____

Does this student receive language therapy? (Circle one) Yes No

Does this student receive occupational therapy? (Circle one) Yes No

Rating Scale:

- 1 Independent skill
- 2 With minimal teacher support
- 3 Emerging skill
- 4 With constant teacher support
- NA Not applicable

READING:

Please fill out the appropriate grade level.

Instructional Grade Level: _____ **Name of Program used:** _____

Reading Vocabulary/Word Identification Skills

Rating

- 1. Reads words in isolation _____
- 2. Reads words in context _____
- 3. Uses structural analysis in context _____
- 4. Oral reading fluency _____

Comprehension

- 1. Applies appropriate prior knowledge _____
- 2. Recalls key literal content of selection _____
- 3. Recalls sequence of events of selection _____
- 4. Answers why questions _____
- 5. Makes predictions _____
- 6. Expresses comprehension through oral retelling _____
- 7. Expresses comprehension through writing _____
- 8. Uses story structure charts _____
- 9. Understands new word meanings _____
- 10. Demonstrates listening comprehension _____

LANGUAGE ARTS:

Please fill out the appropriate grade level.

Instructional Grade Level: _____

Writing Process

Rating

1. Prewriting – selects and plans appropriate topics
2. Writing – expresses ideas clearly and organized
3. Revising – improves writing by making changes
4. Editing – proofreads for mechanical errors
5. Publishing – creates final drafts
6. Writes in complete sentences
7. Written work is legible

Spelling

1. Applies phonic skills
2. Spells irregular words accurately

Other concerns in the areas of the writing process or spelling:

MATHEMATICS:

Please fill out the appropriate grade level.

Instructional Grade Level/Program: _____

Number Sense and Operation:

Rating

1. Names numerals	Range:	_____	_____
2. Writes numerals	Range:	_____	_____
3. Understands number concepts	Details:	_____	_____
4. Word problems			_____
5. Demonstrates computation proficiency:			
	Addition	with / without regrouping	_____
	Subtraction	with / without regrouping	_____
	Multiplication	with / without regrouping	_____
	Division	with / without regrouping	_____
	Fractions		_____

Concepts of Measurement:

1. Can tell time	Details:	_____	_____
2. Understands money	Details:	_____	_____
3. Measurement	Details:	_____	_____

Other concerns in the area of math:

ACADEMIC LEARNING SKILLS:

Rating

- 1. Uses critical thinking and problem-solving skills _____
- 2. Exercises appropriate and safe use of instruments and materials _____
- 3. Demonstrates attention to the task _____
- 4. Transitions independently between activities _____
- 5. Demonstrates cooperation _____
- 6. Shows effort and participation _____
- 7. Respects self and others _____
- 8. Completes activities in a timely manner _____

Other concerns in the area of Academic Learning Skills:

Teacher's Name

Date

School

Contact - Phone and/or Email