

2024 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, 2024**
- ❑ 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, 2024. 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,

Angela Gilbert
Director of Summer Program
agilbert@centrevillelayton.org

Meghan Kivler
Director of Admissions
mkivler@centrevillelayton.org



CENTREVILLE LAYTON SCHOOL APPLICATION FOR ADMISSION SUMMER PROGRAM 2024

6201 Kennett Pike • Centreville, DE 19807 • 302.571.0230 • F 302.571.0270 • centrevillelayton.org

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 | _____ | _____ |
| Community Activities | _____ | _____ |

FAMILY INFORMATION

Please check if applicant is only child

| Applicant's Siblings | Name | Age | Current School | Any Difficulties? |
|----------------------|------|-----|----------------|-------------------|
|----------------------|------|-----|----------------|-------------------|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

GRANDPARENTS' NAMES, ADDRESSES AND PREFERRED CONTACTS

Paternal _____

Maternal _____

ADDITIONAL INFORMATION

Applicant lives with: Parents Mother Father Other: _____

Legal Custody: Parents Mother Father Other: _____

Adopted at Age: _____

How did you hear about our school? Friend Event Newspaper/Magazine Internet Other _____

Specifically, what event, ad, person, or website: _____

MEDICAL INFORMATION

Describe any significant medical incidents in your child's life. Include age, length of incident, and a description:

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> |
|-------------|--------------|--------------------|------------------------------|
| | | | |
| | | | |
| | | | |

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 | \$165.00 |
| <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 | \$3,000 |
| | |
| <input type="checkbox"/> 5-week Daily Recreation Afternoon Program 12:30pm – 5:30pm | \$1,350.00 |
| <input type="checkbox"/> The Recreational Afternoon Program is also available at a drop in rate of \$65.00/day | \$65.00/day |



2024 Summer Program LS 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, 2024.

Grade level 2023-2024 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 | Rating | Reading Vocabulary | Rating |
|--|--------|--|--------|
| 1. Reads own name in print | _____ | 1. Reads words in isolation | _____ |
| 2. Names uppercase letters | _____ | 2. Reads words in context | _____ |
| 3. Names lowercase letters | _____ | 3. Reads orally with fluency | _____ |
| 4. Makes letter/sound association | _____ | Word Identification Skills | |
| 5. Uses phonetic skills in decoding words | _____ | 1. Uses phonics skills in context | _____ |
| 6. Reads words in context | _____ | 2. Uses structural analysis in context | _____ |
| 7. Recalls literature facts read by: | | Comprehension | |
| Self | _____ | 1. Recalls key literal content | _____ |
| Teacher | _____ | 2. Recalls sequence of events | _____ |
| 8. Appreciates stories read aloud | _____ | 3. Answers "why" questions | _____ |
| 9. Listens with comprehension | _____ | 4. Makes predictions | _____ |
| 10. Organizes ideas into expressive language | _____ | | |

Concerns in the area of reading:

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
3. Revising – improves writing by making changes
4. Editing – proofreads for mechanical errors
5. Publishing – creates final drafts

Handwriting and Organization

1. Forms manuscript letters correctly
2. Forms cursive letters correctly
3. Forms numbers correctly
4. Written work is legible

Other concerns in the areas of the writing process or handwriting and organization:

MATHEMATICS:

Please fill out the appropriate grade level.

Instructional Grade Level: _____

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 | | _____ |
| | | Subtraction | | _____ |
| | | Multiplication | | _____ |
| | | Division | | _____ |
| | | 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