



CENTREVILLE LAYTON SCHOOL APPLICATION FOR ADMISSION SUMMER PROGRAM 2025

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 _____ 2025-2026 Grade _____

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?
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: (if applicable) _____

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 the 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: _____

Has your child ever been suspended or subjected to any school-related or legal disciplinary action? Yes No

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.

Program Options	Tuition
<input type="checkbox"/> 5-week Daily Morning Care 7:30am - 8:10am	\$155.00
<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	\$3,150
<input type="checkbox"/> 5-week Daily Recreation Afternoon Program 12:30pm – 5:30pm	\$1,450
<input type="checkbox"/> The Recreational Afternoon Program is also available at a drop in rate of \$70.00/day	\$70.00/day