



Carol Huebner Early Childhood Program
The Early Childhood Program of the Acton-Boxborough Regional School District

2024–2025 Application Information

Dear Parents/Guardians,

Thank you for your interest in the Carol Huebner Early Childhood Program (CHECP)! CHECP serves children ages 3 to 5 years old and is located at the new *Boardwalk Campus School*, 71 Spruce St. in West Acton. The early childhood program is an integrated learning environment; children who are developing typically and those with identified special education needs learn side by side. The curriculum is based on developmentally appropriate practices and the MA Curriculum Frameworks encouraging the growth of each child at his or her own individual pace. Our program is a fun place to play and learn!

Children living in Acton or Boxborough are eligible to apply and attend the program based on space availability. Applications are available on our website, <https://checp.abschools.org/> or in-person at CHECP. Completed applications should be returned via email to jgibowicz@abschools.org , cdipietro@abschools.org or via mail to: Carol Huebner Early Childhood Program Office, 71 Spruce St. in Acton.

Given the anticipated number of applications expected for September, admission for new students will occur through a lottery. Please submit applications between January 2nd and February 13th for inclusion in the lottery. Applications must be submitted by 4pm on February 13. The lottery will occur on February 14th and parents will be informed by the first week of March of the results. Students who do not gain admittance through the lottery will be added to the wait list. No applications will be accepted prior to January 2nd.

Children must be three years old by September 1st to enroll. We are currently projecting all classes to meet four days per week, Monday, Tuesday, Thursday, Friday. The hours are expected to be 8:15–11:00 and 12:00-2:45 for half day sessions; 8:15-2:45 for full day sessions.

Parents are responsible for providing transportation for their children. The tuition rates for the 2023-24 school year are \$3650 for half day and \$7070 for full day. **A tuition increase is expected for the 2024-25 school year as rates have not been increased since FY'18.** Tuition rates are expected to be announced in March of 2024. Information about a sliding fee scale is available upon request. Tuition can be paid in full or over ten months. Deposits to secure seats are required by May 1st. When students gain admittance through the lottery process, families will be notified with instructions on how to proceed with pre-registration.

If you have any questions, please contact the CHECP Office at 978-266-2530 x25118, or email me at jgibowicz@abschools.org. We look forward to working with you and your child.

Sincerely,
Joseph Gibowicz
Early Childhood Coordinator

**Carol Huebner Early Childhood Program
Application 2024-2025**

Indicate session of your choice (if interested in multiple sessions, please indicate order of preference by numbering 1-4, with number 1 being your first choice). Depending on number of applicants, some of the classes may be mixed age groups.

3 year olds^ AM _____
3 year olds^ All Day _____
4 year olds^ PM _____
4 year olds^ All Day _____
^age by September 1st

Application Date: _____

Child's Name: _____ Male _____ Female _____
First Middle Last

Address: _____ Phone: _____

Date of Birth: _____ Birthplace: _____

Parent/Guardian

Parent/Guardian

Name: _____

Address: _____

Home Phone: _____

Cell: _____

email: _____

Who does child live with? _____

Other Children in Family

Name

Present Grade/School

DOB/ Place of Birth

Please list any additional members of the household: _____

Is there a language other than English that is spoken as the primary language at home? Y/N

If yes, Language: _____

Did Older sibling(s) attend the CHECP/Acton-Boxborough Early Childhood Program? Y/N

Name(s) _____

Using childcare? Yes__ No__ Name/Address:_____

Information about this experience may be helpful to us in working with your child. May we contact the preschool teacher/childcare provider? yes no

Name: _____ Telephone: _____

Child's response to this experience: positive satisfactory negative

HEALTH/FAMILY INFORMATION:

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

1. General Health

Birth Weight: _____

Were pregnancy and delivery normal? _____

2. Has your child had any hospitalizations, serious illness or accidents? _____

If yes, explain: _____

3. Are there any current medical concerns for your child, including allergies? _____

Y/N

If yes, explain: _____

4. Is your child on any medications? _____ If yes explain: _____

Y/N

5. Eyes: Has your child had trouble seeing (i.e., squinting, rubbing eyes, head tilted, etc) _____

If yes, explain: _____ Y/N

6. Ears: Does your child have a history of frequent ear infections? _____

Y/N

Has your child had any ear/hearing examinations or treatment? _____

Y/N

If yes, please explain: _____

7. Have any biological family members had difficulty learning to read? _____

Y/N

DAILY LIVING SKILLS

1. My child's appetite is usually: ____ Poor ____ Fair ____ Good ____ Excellent

What foods does your child like? _____

Dislike? _____

2. My child's usual routine for sleep and rest is:

Night: In bed at _____ Asleep at _____ Up at _____

Day: Nap _____ If yes, Daily? ____ Occasionally? _____
Y/N

Average duration of nap? _____

3. **Children do not need to be toilet trained to attend the preschool.**

Is your child toilet trained? _____
Y/N

What words does your family use for urination _____
bowel movement _____

DEVELOPMENTAL HISTORY

1. At what age did child walk unassisted? _____

2. Any significant medical history affecting motor development? _____

3. Child's sense of balance is:

very steady on feet 1 2 3 4 bumps into things

4. Check skills your child is generally able to do:

- _____ walks up stairs unassisted
- _____ walks down stairs unassisted
- _____ runs smoothly
- _____ jumps with both feet
- _____ kicks large ball
- _____ catches large ball

5. Age when child spoke first words _____

6. What is the primary language(s) of the home? _____

7. How well does your child pronounce words in the primary language?

- _____ Is very hard to understand
- _____ Family can understand, but others cannot
- _____ Easy to understand

DEVELOPMENTAL HISTORY (continued):

8. Does your child use sentences in the primary language?

- _____ Not yet, still uses single words
- _____ Usually two-word combinations, "me go", etc.
- _____ Usually 3- or 4-word sentences, "we go home", or longer

9. Does your child follow directions in the primary language?

- _____ Not consistently; does not understand; does not want to; or tunes out?
- _____ Will follow one simple direction
- _____ Follows 2 or 3 simple directions

10. Does your child enjoy books and listening to stories?

- _____ Has no interest in stories or looking at picture books
- _____ Seems interested but for a very short time
- _____ Enjoys simple stories and talking about pictures

11. Can your child point to 10 or more body parts? _____
Y/N

12. Can your child name 10 or more body parts? _____
Y/N

13. Can your child point to the following colors?
red _____ blue _____ green _____ yellow _____

14. Can your child name the following colors?
red _____ blue _____ green _____ yellow _____

15. How does your child play with other children?

- _____ Prefers to play alone
- _____ Prefers one or two others
- _____ Plays mainly with brothers and sisters
- _____ Has a lot of friends

16. Who does your child play with at home? _____

17. Currently my child's favorite play choices include: _____

18. Circle the appropriate number:

- In new situations, my child is: outgoing 1 2 3 4 fearful
- Holding/cuddling: likes 1 2 3 4 dislikes
- Separating from parents: clings 1 2 3 4 separates easily
- Activity Level: very active 1 2 3 4 very quiet

19. Have there been any significant events or changes in your child's life you feel it would be helpful for us to know about? Please explain.

20. What are your goals for your child as he/she enters preschool?

The wonderful ethnic mix in our Preschool is reflective of what is now found within our Public Schools. With this mix come varying family customs and traditions. We appreciate your taking the time to answer these additional questions.

1. What is your family's ethnic or cultural background?

2. How do you identify yourself?

3. How comfortable are you speaking and reading English?

4. What traditions, objects or foods symbolize your family?

5. Why are these things important? What values or history do they represent?

6. What values do you want us to teach your child?

7. How can we validate and support your family's lifestyle here at our school?

8. What songs, rhymes, chants, stories or toys could we include that would represent and support your home culture?

9. Does your family celebrate birthdays? Do you have special traditions related to these celebrations?

10. Would you be willing to come and share your home culture with your child's class?

11. Is there any additional information you feel it would be helpful for staff to know as they come to know your child?

(Parent Signature)

Thank you!