



SILVER LAKE REGIONAL HIGH SCHOOL

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SILVER LAKE REGIONAL HIGH SCHOOL PRESCHOOL PROGRAM

The Silver Lake preschool is located at Silver Lake Regional High School in the Career and Technical Education wing. The Preschool is committed to promoting the growth and development of children in a safe, predictable, and stimulating environment. The preschool accepts students from the towns of Halifax, Kingston and Plympton. The preschool accepts children between the ages of 3 and 5 years old. All children must be toilet trained by their enrollment date. The preschool provides an educational program for high school students to gain knowledge and hands-on experience working with children. This is culminating the years of prerequisite classroom work.

Eligibility: Children who reside in Halifax, Kingston, and Plympton
Tuesday/Thursday Preschool Program: 3 years old by August 31st 2026
Monday/Wednesday/Friday Preschool Program: 4 years old by August 31st 2026

School Schedule: Silver Lake Preschool typically opens mid to late September until the end of May. Families will be provided with a start & open house date by September 1st. Silver Lake Preschool follows the Silver Lake Regional High school calendar and adheres to ALL school holidays, vacations and closings. The Preschool is always closed on early release, midyear exam dates, possible school flip days and possible training days throughout the year. We will send out monthly closing date reminders to all enrolled students.

Application/Selection: Applications will be available at the main entry door of the high school beginning on February 2nd 2026, between 8:30 A.M. and 1:30 P.M or online @ <https://www.slrssd.org/schools/slrhs/departments/cte/early-education> (scroll to the bottom of the page). Completed applications must be returned by 12:00pm on February 27th 2026. The Preschool children, along with eligible alternates will be chosen by lottery on March 2nd 2026. Parents will be notified by mail of their selection or placement on the waitlist and are requested not to call the school for that information. If a waitlist spot opens up we will contact you.

Fees: The total cost for the preschool program for the year will be \$1,300 for the Tue/Thur. group and \$1,600 for the Mon/Wed/Fri. group. Payments will be broken into 4 installments made on the following schedule:

<u>Due Dates</u>	<u>Tue/Thur</u>	<u>Mon/Wed/Fri</u>
May 1	\$325	\$400
October 1	\$325	\$400
December 1	\$325	\$400
February 1	\$325	\$400

Paying the balance in full is always an option as well. We accept cash or check, please make checks payable to Silver Lake Regional High School.

Repeaters who are interested in being enrolled in the program for a second year, and are still eligible, will be guaranteed a spot. The remaining openings will be filled from the lottery of eligible children. Applicants with siblings currently or past enrolled in the program will be given priority enrollment.

Registration: All children who enroll must have had a physical examination by a doctor within the past year. A completed health form or acceptable alternate form, signed by the physician, must be returned with the registration fee. No child will be admitted to the school without a current health form. The preschool personnel will notify you during the year if an updated form is needed. Dental exams are recommended but not required. Children must have proof of immunizations as established by the Massachusetts Department of Public Health for school entry. A copy of the minimum immunization requirements will be provided. The tuberculin test is also strongly advised.

A copy of your child's **Birth Certificate** must be submitted with the registration fee.

Insurance coverage is the responsibility and obligation of the parents. A photocopy of your insurance card must be provided to complete the registration process. For any parents who may not have health/accident insurance, coverage through the school insurance program will be available at a nominal cost.

Mission Statement

The Silver Lake Preschool mission is to:

1. Provide area children with a safe, quality, affordable preschool.
2. Serve as a model preschool program which is available for academic, curricular, and research purposes, including student training, field work observation and data collection.

Goals and Objectives

- Silver Lake Preschool is dedicated to high standards of child care and to maintaining a quality educational program.
- The program reflects a developmental preschool: we believe that all children go through certain patterns or stages in their cognitive, physical, emotional and social growth.
- The preschool encourages the optimal growth of each child.
- The curriculum encourages a child's natural curiosity and challenges his/her own level of interest and knowledge.
- The adults and students are genuinely concerned about the well-being and development of young children and share the philosophy, values and goals of the preschool.
- The adults work with students to enhance skills and abilities and to set goals for professional growth and development.
- The working relationship between parents and staff is of prime importance.

**SILVER LAKE REGIONAL HIGH SCHOOL
CAREER AND TECHNICAL EDUCATION**

**PRESCHOOL
APPLICATION
2026-2027**

Date: _____

1. Name of Child: _____

Last

First

Middle

2. Child's Nickname: _____

3. Present Age: ___ Male _____ Female ___ Date of Birth: _____

4. Place of Birth: _____

City/Town

State

5. Parent/Guardian 1 Name: _____

Last

First

Middle

6. Occupation: _____ Birth Place: _____

7. Parent/Guardian 2 Name: _____

Last

First

Middle

8. Occupation: _____ Birth Place: _____

Mailing Address: _____

No.

Street

Zip

Home Address (if different) _____

No.

Street

Zip

9. Home Phone: Parent/Guardian 1: _____ Parent/Guardian 2: _____

Work Phone: Parent/Guardian 1: _____ Parent/Guardian 2: _____

Cell Phone: Parent/Guardian 1: _____ Parent/Guardian 2: _____

Email(s): _____

10. Does your child have any specific problems, such as; hearing impairments, visual difficulties, special medication, etc.

11. Is your child presently under doctor's care? If so, please explain.

12. List the names and birth dates of other children in the family.

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

13. Please check any of the following that apply to your child:

Allergies: Yes No
Explain: _____

Frequent Colds: Yes No

Physical Handicaps: Yes No
Explain: _____

Toilet Trained: Yes No

14. Has your child ever received services? If Yes, what services were/are they receiving. Yes No _____

15. Does your child have siblings who previously attended this program? Yes No

Note: Home phone numbers and email addresses are given to other parents once classes are established. If you do not wish to have your number published in this manner, please check here _____

The lottery results will be mailed to you.

