

MEREDITH AUTISM PROGRAM

THE EXPLORERS INCLUSIVE PRESCHOOL CLASSROOM

The Meredith Autism Program (MAP), with the support of the Meredith College Psychology Department, is excited to open enrollment for children in the Explorers preschool classroom for typically developing children. MAP serves children on the autism spectrum, ages two to six years old, for 35 hours per week year-round. Our goal is to make significant changes in the learning patterns of children, and we currently have a 45% rate of integrating into the typical classroom by the time they leave MAP.

The inclusive classroom, in its second year of operation, is taught by Melissa Snell, a B-K licensed teacher. Melissa believes that “the classroom is a community where children learn from hands-on experiences.” In the classroom, she uses Conscious Discipline as the behavior support system, as well as the preschool versions of Letterland and Handwriting Without Tears as supplemental curriculums. To learn more about the preschool, visit our website: www.meredith.edu/autism.

Effective immediately, MAP is opening five slots for typical children between the ages of three and four years-old for five mornings per week. These children should be fully potty trained and eager to learn and help others. Families will enroll in the preschool classroom for the entire academic calendar (Tuesday, September 4, 2018 – Friday, May 24, 2019). The preschool classroom will operate five mornings a week, 9:00 AM – 12:30 PM with the exception of the two weeks in December when Meredith College is closed, and a few workdays MAP is closed for staff development. All families enrolled will be provided an annual MAP calendar.

The cost of the preschool program is \$340.00 per month (\$200.00 for the month of December; \$300 for the month of January). The application for enrollment is attached and is due no later than February 2, 2018 along with a non-refundable \$50.00 application fee.

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APPLICATION FORM

Child's Name: _____ Preferred Name: _____

Birthdate: _____ Current Age: _____

Parent Information

Name(s): _____

Address: _____

Cell Phone: _____

Home Phone: _____

Email Address: _____

Sibling Information

Name(s): _____

Gender: _____

Age: _____

Has your child ever participated in a group/preschool setting? yes no

If yes, please list the name of the group/preschool and the duration in which your child was involved.

(Name of Group/Preschool) _____ (Dates Attended) _____

(Name of Group/Preschool) _____ (Dates Attended) _____

(Name of Group/Preschool) _____ (Dates Attended) _____

Circle the following character traits that best describe your child (check all that apply).

shy	outgoing	independent	creative	assertive	reserved	sympathetic
anxious	defiant	observant	respectful	cooperative	playful	energetic

Please return this application, along with the non-refundable application fee of \$50.00 no later than February 2, 2018. Applications should be mailed to:

Meredith Autism Program
Attn: Preschool Program
3800 Hillsborough Street
Raleigh, NC 27607