

Preschool



Northwest Local School District Preschool Information Fall 2020

Preschool Location: Northwest Elementary School

Transportation: Provided from homes to and from the school for resident children on the elementary school buses. Families may choose to transport their children if they prefer.

Time: 9 am – 3:30 pm, Monday –Thursday

Meals: Breakfast, lunch & snack (Free and reduced prices for qualifying families).

Cost: Families with income at or below 200% poverty level are eligible for the ECE grant funding and will pay no tuition. Families with income above 200% will pay tuition.

How to apply: Complete the application and return it along with the ECE Eligibility Screening Tool, and your two most recent pay stubs, statements of benefits, or 2020 Income Tax Forms and custody papers (if applicable) to Mrs. Shannon or Mrs. Sissel in the Northwest Elementary School front lobby on: Tuesday, April 7, 12:00 pm – 5:00 pm **OR** call to make an appointment after April 7th.

Please see the 2020 Federal Poverty Guidelines on the Preschool Application to see which of the following categories fits your family's financial situation:

Preschool Applications for families who fall at or below 200% poverty level are eligible for ECE grant funding, will pay \$0 tuition and should be turned in by **May 1, 2020**. Children must turn 4 by September 30, 2020 and should be potty-trained. All families who turn in applications after May 1st will be placed on a waiting list and notified as ECE spots become available.

Preschool Applications for families who fall above 200% poverty level are not eligible for ECE grant funding, will pay tuition based on gross household income if selected (see tuition schedule on application), and will be selected on a **first-come, first-served** basis beginning April 5 at 12:00 pm. Northwest will offer a maximum of eight unfunded (paid tuition) slots. Children should be potty-trained and turn 4 by September 30, 2020. Once the eight "paid" spots are filled, all subsequent applicants will be placed on a waiting list.

The application period will not begin until Tuesday, April 7th at 12:00 pm. You must return this entire application packet *and* provide proof of income (and custody papers, if applicable) directly to Mrs. Shannon before your application will be considered. Do not just drop it off at the school or send it in with a sibling. If you are unable to make it to any of the dates listed above, please call 259-2250 Opt. 7 to make an appointment. We will notify you as soon as selections are made. Please do not call the school to find out whether your child "got in."

Northwest Local School District Preschool Application - Fall 2020

(Do not turn in this application without attaching proof of income & ECE Screening Tool)

Child's Name: _____ Age: (by Sept. 30, 2020) _____

Birthdate: _____ My child is potty trained: Yes No

Parent's Name: _____

Address: _____

Phone Numbers: _____ Gender: Male Female

Custodial Parent's Signature _____

Number of People in Household: _____ Gross Annual Income for 2019: _____

United States Department of Health and Human Services

2020 FEDERAL POVERTY GUIDELINES

Number of people in house	<u>\$0 Tuition</u> 200% Poverty Level	250% Poverty Level	300% Poverty Level	350% Poverty Level	400% Poverty Level
1	25,520	31,900	38,280	44,660	51,040
2	34,480	43,100	51,720	60,340	68,960
3	43,440	54,300	65,160	76,020	86,880
4	52,400	65,500	78,600	91,700	104,800
5	61,360	76,700	92,040	107,380	122,720
6	70,320	87,900	105,480	123,060	140,640
7	79,280	99,100	118,920	138,740	158,560
8	88,240	110,300	132,360	154,420	176,480

This chart is based on Gross Annual Household Income: For families with more than 8, add \$8,960 for each additional member.

If your child is accepted into a Northwest preschool classroom, you will be expected to pay monthly tuition unless your family's gross household income falls at or below the 200% poverty level. Tuition is as follows:

- _____ 200% poverty level or below: free tuition
- _____ 201-249% will be: \$100.00 per month
- _____ 250-299% will be: \$200.00 per month
- _____ 300-349% will be: \$250.00 per month
- _____ 350-400% will be: \$300.00 per month

Ohio Department of Job and Family Services
Ohio Department of Education
EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

How do I apply for Early Childhood Education Services?

You will need to:

1. Complete the screening tool.
2. Do not submit to the Ohio Department of Education.
3. Submit this form to your provider/school.

How do I apply for Publicly Funded Child Care? (Does not apply to ECE Preschool)

You will need to:

1. Complete the screening tool JFS 01121.
2. Complete the JFS 01122 Publicly Funded Child Care Supplemental Application.
3. Submit both the JFS 01121 and JFS 01122 to your local county agency.
4. Attach verifications to the JFS 01122 (see verification requirements below).

How do I complete this application?

1. Fill out this application: Answer as many questions as you can.
2. Be sure to sign the application.

When will I receive assistance?

ECC: You will be notified by your provider when you may begin care/are selected for preschool.
Child care: Eligibility for the child care program is based on the date a signed application is submitted to the county agency. Eligibility for this program is determined within 30 days from the earliest date either the JFS 01121 or JFS 01122 is submitted.

What verifications do I need for publicly funded child care?

(This section does not apply to ECE Preschool)

You will need to:

1. Submit the JFS 01121 and JFS 01122.
2. Provide proof of income: Verification of all money coming into your household, (such as pay stubs, tax records, award letters, child support)
3. Proof of any child support paid.
4. Proof of citizenship or qualified alien status for children in need of care: If the county agency verifies that a caretaker receives or has received OWF for a child, verification of citizenship is not required.
5. Provide proof of a qualifying activity for all caretakers in the household: Verification of a qualifying activity includes but is not limited to an official school schedule, work schedule, employment verification, self-sufficiency contract, etc.
6. Provide the name and address of an eligible child care provider chosen for each child in need of care.

What is Step Up To Quality?

Step Up To Quality was created to help families identify early learning and development programs that go beyond the minimum standards of licensing. Star Rated programs demonstrate higher levels of quality in a variety of ways. Ask your provider if they are participating.

Ohio Department of Job and Family Services
Ohio Department of Education
EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL
*This form is valid only for publicly funded child care when attached to a
JFS 01122 Publicly Funded Child Care Supplemental Application

Tell us about you (the applicant)			
First Name	Middle Initial	Last Name	
Address			Today's Date
City	State	County	Zip Code
Phone Number ()	Additional Phone Number ()	E-mail Address	

Tell us about the people in your home							
Name <i>(First, Middle, Last)</i>	Relationship to You <i>(spouse, son, friend, etc.)</i>	Race	Hispanic or Latino <i>Y or N</i>	Spoken Language	Date of Birth	Gender <i>M or F</i>	U.S. Citizen <i>Y or N</i>
	Self	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					

Tell us about your finances

Will you or the people in your home receive income this month? Yes No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, bi-weekly, etc)	Date Last Received	Work or School Schedule (please list times)
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____

Do you or anyone in your household pay Child or Spousal Support? Yes No

How Much?

Signature of Applicant

Date

Ohio Department of Job and Family Services
FAMILY INFORMATION
FOR STEP UP TO QUALITY PROGRAMS (SUTQ)

Child's Name (Last)	(First)	Nickname (If any)
<i>By providing complete information about your child, you will be assisting staff in creating a positive experience for him / her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff who care for your child.</i>		
Who is in the child's family?		
Who lives at home with your child?		
What is the primary language spoken in your child's home?		
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No? Additional Details?		
Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet) <input type="checkbox"/> Yes <input type="checkbox"/> No? Additional Details?		
Are there any cultural or religious practices of your family of which we should be aware? (dietary restrictions, clothing, head coverings, etc.)		
Do you have any pets at home? If so, what are they and what are their names?		
Has your child had a previous care arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No? Additional Details? (center based, in home, with family, with parents, etc.)		
How often does your child drink during the day (milk, juice, water, etc.)?		
Does your child have any favorite foods?		
Does your child dislike any foods?		
Are there any foods your child should not be fed? (Child Care Licensing requires a form be completed for children with food allergies and/or dietary restrictions)		

What time does your child normally go to bed at night and wake up in the morning?	
What time(s) and for how long does your child usually nap?	
Does your child have trouble sleeping? (Night terrors, trouble going to sleep, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No? Please explain.	
What might you and/or your child be anxious about as he/she starts in this program?	
What are you and/or your child excited about as he/she starts in this program?	
What are your expectations of this program?	
What other information would be helpful for the staff caring for your child to know?	
Parent/Guardian's Signature	Date