

Preschool



Northwest ECE Preschool Application Information Fall 2024

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.

Preschool is in session: 9:00 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.

Where/When to apply: Complete and turn in application at the Northwest Elementary front lobby on Friday, April 12, 10:00 am – 2:30 pm OR call to make an appointment after April 12th.

How to apply: Please see the 2024 Federal Poverty Guidelines on the attached Preschool Application to see which of the following categories fits your family's financial situation:

1) 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 3, 2024**. Children must turn 4 by September 30, 2024 and should be potty-trained. You must also turn in a completed ECE Eligibility Screening Tool, and your two most recent pay stubs, statements of benefits, or 2023 Income Tax Forms. All families who turn in applications after May 3rd will be placed on a waiting list and notified as ECE spots become available.

OR

2) Preschool Applications for families who fall above 200% poverty level are not eligible for ECE grant funding, and **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 12th at 10:00 am. Northwest will offer only a few paid tuition spots. Children should be potty-trained and turn 4 by September 30, 2024. Once the "paid" spots are filled, all subsequent applicants will be placed on a waiting list. Completion of the ECE Screening Tool and income verification are **NOT REQUIRED** for families who are not seeking an ECE Grant spot.

The application period will not begin until Friday, April 12 at 10:00 am. You must return the application and provide proof of income (for free tuition spots) 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 on April 12th, please call Mrs. Shannon at 259-2250 Option 4 or ext. 3317 to make an appointment.

Northwest Local School District Preschool Application - Fall 2024

(Do not turn in this application without attaching proof of income & ECE Screening Tool if you wish to be considered for a free tuition spot)

Child's Name: _____ Age: (by Sept. 30, 2024) _____

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 2023: _____

United States Department of Health and Human Services

2024 FEDERAL POVERTY GUIDELINES

Number of people in house	\$0 Tuition 200% Poverty Level	250% Poverty Level	300% Poverty Level	350%+ Poverty Level
1	\$30,120	\$37,650	\$45,180	\$52,710
2	\$40,880	\$51,100	\$61,320	\$71,540
3	\$51,640	\$64,550	\$77,460	\$90,370
4	\$62,400	\$78,000	\$93,600	\$109,200
5	\$73,160	\$91,450	\$109,740	\$128,030
6	\$83,920	\$104,900	\$125,880	\$146,860
7	\$94,680	\$118,350	\$142,020	\$165,690
8	\$105,440	\$131,800	\$158,160	\$184,520

This chart is based on **Gross Annual Household Income**: For families with more than 8 members add \$10760 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% and above will be: \$300.00 per month

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

Tell us about you (the applicant)			
First Name	MI	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					

Child 1	Provider Name and Address	What hours/days do you need services? (i.e. child care or preschool) <i>Check all that apply</i>
Name		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		

Special Needs

Is your child in need of special needs child care based on this definition?
 "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.

Yes No

Child 2	Provider Name and Address	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		

Special Needs

Is your child in need of special needs child care based on this definition?
 "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.

Yes No

Child 3	Provider Name and Address	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		
<p>Special Needs</p> <p>Is your child in need of special needs child care based on this definition? "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

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 <i>(before taxes)</i>	How Often Received <i>(weekly, bi-weekly, etc)</i>	Date Last Received	Work or School Schedule <i>(please list times)</i>
					<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