

# Preschool



## Northwest Local School District Preschool Information Fall 2019

**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 2018 Income Tax Forms and custody papers (if applicable) to Mrs. Shannon or Mrs. Sissel in the Northwest Elementary School front lobby on: **Thursday, April 4, 12:00 pm – 5:00 pm** **OR** call to make an appointment after April 5<sup>th</sup>.

Please see the 2019 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 3, 2019**. Children must turn 4 by September 30, 2019 and should be potty-trained. All families who turn in applications after May 3<sup>rd</sup> 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<sup>th</sup> 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, 2019. Once the eight "paid" spots are filled, all subsequent applicants will be placed on a waiting list.

**The application period will not begin until Thursday, April 4 at 12:00 pm.** You must return this entire application packet *and* provide proof of income (and custody papers, if applicable) to Mrs. Shannon or Mrs. Sissel 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 on the date listed above, please call Mrs. Shannon or Mrs. Sissel at 259-2250 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 2019

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

Child's Name: \_\_\_\_\_ Age: (by Sept. 30, 2019) \_\_\_\_\_

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

### 2019 FEDERAL POVERTY GUIDELINES

Number of people in house	\$0 Tuition 200% Poverty Level	250% Poverty Level	300% Poverty Level	350% Poverty Level	400% Poverty Level
1	\$24,980	\$33,150	\$37,470	\$43,715	\$49,960
2	33,820	41,915	50,010	58,105	67,640
3	42,660	53,325	63,990	74,655	85,320
4	51,500	64,375	77,250	90,125	103,000
5	60,340	75,425	90,510	105,595	120,680
6	69,180	86,475	103,770	121,065	138,360
7	78,020	97,525	117,030	136,535	156,040
8	86,860	108,575	130,290	152,005	173,720

This chart is based on Gross Annual Household Income: For families with more than 8, add \$4,420 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**

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**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).

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**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.**

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**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.

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**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.**

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**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.

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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 needs for your child(ren)**

Child 1	Provider Name and Address	Child's Needs	What hours/days do you need services? (i.e. child care or preschool) Check all that apply
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____ _____	<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			
Child 2	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) Check all that apply
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____ _____	<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			
Child 3	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) Check all that apply
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____ _____	<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			

**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 \_\_\_\_\_