

BROWN COUNTY EDUCATIONAL SERVICE CENTER PRE-KINDERGARTEN PROGRAM

**Now Accepting Enrollment Applications
2019-20 School Year**

Student Eligibility

The Ohio Department of Education has set the target population for the Early Childhood Education Grant Program. The pre-kindergarten program will primarily serve children who are 4 years of age. **Student must be 4 years of age by August 1st for Fayetteville and Eastern Brown Local Schools. Student must be 4 years of age by September 30th for Ripley and Western Brown Local Schools.** Students must be completely toilet trained and able to function independently in the restroom. A child who wears pull-ups is not considered to be toilet trained. Children ages 3-5 who have special needs are eligible to receive services outlined in an Individualized Education Plan.

Program Description

Involvement in the pre-kindergarten program provides enriching experiences to enhance each child's creative, language, social, emotional, physical, and cognitive development. The *Get Set for School Curriculum* is used to introduce students to the pre-kindergarten early learning and development standards as adopted by the Ohio Department of Education. Classroom activities are planned so that children can work independently, in small groups, and in large groups. Parents are welcome to volunteer in the classroom or to help with special projects.

Application Requirements

THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH THIS APPLICATION:

- The front page of your 2018 income tax return showing the household's gross earned and unearned income. **OR** Two consecutive income verification forms from parent's/guardian's employers.
- Copy of Birth Certificate
- Copy of Social Security Card
- Custody Papers or Foster Child/Kinship Placement Documentation (if applicable)
- Completed Application with Signature and Date

An incomplete application will not be processed.

If you have questions regarding enrollment, please contact Susie McFarland, Director of Pre-K Programs at: (937) 378-6118, ext. 518 or at susan.mcfarland@brownesc.us.

BROWN COUNTY EDUCATIONAL SERVICE CENTER PRE-KINDERGARTEN TUITION SCALE 2019-20

Household Size: Parents, Children and other Household Members	Income Eligibility Scale for Free Tuition	Income Eligibility Scale for Reduced Tuition (Below the 200% Poverty Guideline)
A	B	C
1	\$12,490	\$24,980
2	\$16,910	\$33,820
3	\$21,330	\$42,660
4	\$25,750	\$51,500
5	\$30,170	\$40,340
6	\$34,590	\$69,180
7	\$39,010	\$78,020
8	\$43,460	\$86,860
for each additional Family member add	\$4,420	\$8,840

Children from households with income at or below eligible levels may receive free or reduced priced meals. Application forms will be distributed to families in August by the school district of residence. If a family does not qualify under the income guidelines for free or reduced tuition, the following sliding fee scale will be used to determine pre-k tuition for each child.

ANNUAL INCOME	Alternate Days Total Tuition/8 Payments	Four Day Pre-K Total Tuition/8 Payments
Reduced Tuition Level Students	\$560/\$70	\$1120/\$140
\$20,000 to \$29,999	\$720/\$90	\$1440/\$180
\$30,000 to \$39,999	\$960/\$120	\$1920/\$240
\$40,000 to \$49,999	\$1200/\$150	\$2400/\$300
\$50,000 to \$59,999	\$1400/\$175	\$2800/\$350
\$60,000 and up	\$1600/200	\$3200/\$400

Tuition Consideration:

Parents whose children are 5 years of age by age requirement date may opt to enroll them in the pre-kindergarten program, but please note that the maximum tuition rate will be charged regardless of the family size or income level.

Tuition payments are due the first of each month. Attendance will be suspended if tuition is not paid on time. Tuition adjustments can be made during the school year with documentation of change in family income or prorated based on the date of enrollment.

**APPLICATION FOR ENROLLMENT
BROWN COUNTY PRE-KINDERGARTEN PROGRAM
SCHOOL YEAR: 2019-20**

Please return all completed information to: Brown County Educational Service Center
Attn: Pre-Kindergarten Program 9231-B Hamer Rd. Georgetown, Ohio 45121

STUDENT INFORMATION

Student's Name (as appears on birth certificate):

First:	Middle:	Last:
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Circle the correct responses to the following

Returning Student	Yes	No
Foster Child	Yes	No
Kinship Care Placement	Yes	No
Student is:	Female	Male

Child's Social Security Number: _____ Date of Birth (month/day/year) ___/___/___

City & State of Birth _____ Mother's Maiden Name: _____

Student's Race (circle all that apply):

White African American Asian Native American Hispanic/Latino Native Hawaiian/Other Pacific Islander

SCHOOL REQUESTED

	(X) Request	Circle Request	
HAMERSVILLE		Mon/Wed or Tues/Thurs	
MOUNT ORAB		Mon/Wed or Tues/Thurs	
FAYETTEVILLE			Mon – Thurs Program
RIPLEY			Mon – Thurs Program
RUSSELLVILLE			Mon – Thurs Program
SARDINIA			Mon – Thurs Program

District of Residence: ___ Eastern ___ Fayetteville ___ Ripley ___ Western Brown ___ **Other** _____

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 (Parent/Guardian)

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 checked="" type="checkbox"/> African American <input checked="" type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input checked="" type="checkbox"/> African American <input checked="" type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input checked="" type="checkbox"/> African American <input checked="" type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input checked="" type="checkbox"/> African American <input checked="" type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					

If additional people in the home, please list below.

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? (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: _____ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Monday</td><td style="width: 20%;"></td></tr> <tr><td>Tuesday</td><td></td></tr> <tr><td>Wednesday</td><td></td></tr> <tr><td>Thursday</td><td></td></tr> <tr><td>Friday</td><td></td></tr> <tr><td>Weekends</td><td></td></tr> </table>	Monday		Tuesday		Wednesday		Thursday		Friday		Weekends	
Monday															
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Friday															
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: _____ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Monday</td><td style="width: 20%;"></td></tr> <tr><td>Tuesday</td><td></td></tr> <tr><td>Wednesday</td><td></td></tr> <tr><td>Thursday</td><td></td></tr> <tr><td>Friday</td><td></td></tr> <tr><td>Weekends</td><td></td></tr> </table>	Monday		Tuesday		Wednesday		Thursday		Friday		Weekends	
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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: _____ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Monday</td><td style="width: 20%;"></td></tr> <tr><td>Tuesday</td><td></td></tr> <tr><td>Wednesday</td><td></td></tr> <tr><td>Thursday</td><td></td></tr> <tr><td>Friday</td><td></td></tr> <tr><td>Weekends</td><td></td></tr> </table>	Monday		Tuesday		Wednesday		Thursday		Friday		Weekends	
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Child's City of Birth															

Tell us about your finances

Will you or the people in your home receive income this month?

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

If yes, please complete the table below.

Yes No

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

Do you or anyone in your household pay Child or Spousal Support?
How much?

Yes No

Signature of Applicant _____

Date _____

Be sure to include documentation of income which is listed on page 1 of application.

