

**BROWN COUNTY EDUCATIONAL SERVICE CENTER
PRE-KINDERGARTEN PROGRAM**

**Now Accepting Enrollment Applications
2018-2019 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 by August 1st for Fayetteville and for Eastern Brown, Ripley and Western Brown by September 30th**. 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. Applications for children that are 3 years of age by September 30th will be considered for enrollment after the grant funded slots have been filled. Children ages 3-5 who have special needs are eligible to receive services outlined in an Individualized Education Plan. **Families/guardians are required to reapply and submit updated income information if their child returns to the program for another year.**

Tuition Consideration:

Parents whose children are 5 years of age by September 30th 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.

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.

For More Information:

Contact Carrie Fuller, Pre-Kindergarten Supervisor, at 937-378-6118 or send email to: carrie.fuller@brownesc.us

**BROWN COUNTY EDUCATIONAL SERVICE CENTER
PRE-KINDERGARTEN TUITION SCALE 2018-19**

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	\$12,140	\$24,280
2	\$16,460	\$32,920
3	\$20,780	\$41,560
4	\$25,100	\$50,200
5	\$29,420	\$58,840
6	\$33,740	\$67,480
7	\$38,060	\$76,120
8	\$42,380	\$84,760
for each additional Family member add	\$4,320	\$8,640

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. 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	\$584/\$73	\$1168/\$146
\$20,000 to \$29,999	\$792/\$99	\$1584/\$198
\$30,000 to \$39,999	\$1000/\$125	\$2000/\$250
\$40,000 to \$49,999	\$1208/\$151	\$2416/\$302
\$50,000 to \$59,999	\$1416/\$177	\$2832/\$354
\$60,000 and up	\$1624/203	\$3248/\$406

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: 2018-19

PROGRAM ELIGIBILITY

1. The child must be **4 years of age by August 1st for Fayetteville and for Eastern Brown, Ripley and Western Brown by September 30th** of the year of application.
2. The child must be completely toilet trained. This means that the child must be able to attend to bathroom needs independently. A child who wears pull-ups is not considered toilet trained.

THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH THIS APPLICATION:

- The front page of your 2017 income tax return showing the household's adjusted gross annual income.

OR

Three consecutive income verification forms from parent's/guardian's employers. 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.

- Copy of Birth Certificate
- Copy of Social Security Card
- Custody Papers or Foster Child/Kinship Placement Documentation (if applicable)
- Completed Application

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

Applications cannot be processed if information is missing.

Application For Enrollment – Brown County Pre-Kindergarten Program

School Year: 2018-19

STUDENT INFORMATION

Name as on Birth Certificate: First _____ Middle _____ Last _____

Name Child is Called/Nickname: _____ Returning Student: ___ No ___ Yes

Check One: ___ Male ___ Female Child's Social Security Number: _____

Date of Birth (month/day/year) ____/____/____ City & State of Birth _____

Student's Race (check all that apply): ___ White ___ Black ___ Asian ___ Native American
 ___ Hispanic/Latino ___ Native Hawaiian/Other Pacific Islander

Foster Child: ___ No ___ Yes Kinship Placement by Court: ___ No ___ Yes (If yes, attach verification.)

Mother's Maiden Name _____

SCHOOL REQUESTED

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

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		

 Office Use Only

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 <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian 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															
Tuesday															
Wednesday															
Thursday															
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	
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 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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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/spouse/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, biweekly, 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 _____
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					<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

PRESENT LEVELS OF CHILD'S PERFORMANCE

Child's Name _____

Completed by _____

Date _____

Please describe the child's present skills in the following areas by checking the box in each section that most closely describes the child's best current performance.

EATING

- Needs to be fed
- Partially self-feeds
- Eats and drinks independently

DRESSING

- Needs to be dressed
- Removes small articles of clothing
- Dresses self except shoes

TOILETING

- Wears pull-ups
- Has frequent accidents (1 a day or more)
- Requires assistance (wiping)
- Independent

ATTENTION

- Needs constant attention/supervision
- Occupies self with toys for 10 or more minutes
- Attends to small-group activity for 10 or more minutes

RECEPTIVE LANGUAGE

- Does not appear to understand words
- Shows understanding of several words
- Can follow simple commands and directions

EXPRESSIVE LANGUAGE

- Uses gestures and/or sounds
- Says at least 10 words you can understand
- Says two or three words together
- Uses sentences

HEARING

- Does not respond regularly to sounds
- Looks at or reacts correctly to sources of sounds
(looks at phone when it rings, turns when name is called)
- Responds to simple directions given when back is turned

COGNITIVE

- Looks for toy or person who is out of sight
- Sorts toys or objects by at least one feature
- Counts to four and names two or three colors

FINE MOTOR

- Needs help to pick up food or small toys
- Independently picks up small toys & transfers
objects from hand to hand

PLAY

- Needs stimulation to be provided by someone
- Holds and manipulates toys
- Uses some toys and object appropriately
- Uses imagination to play (pretends)

GROSS MOTOR

- Needs to be carried or moved by someone
- Crawls to move
- Walks independently

VISION

- Does not show recognition of people or objects
- Recognizes familiar people and toys, locates
familiar objects in the house
- Points to and names things and people in pictures

SOCIAL

- Shows little response to other people
- Sometimes shares toys and cooperates in play
- Takes turns in simple games

CONCERNS: _____