



EARLY CHILDHOOD PRESCHOOL APPLICATION
City of St. Charles R-VI School District
2017-2018



APPLICATION DUE: February 24, 2017
for first round consideration of Title I funds.
Applications received after this date will be considered on a first-come, first-served basis.

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

Name child goes by: _____ Birth Date: _____ Gender: M F

Check all that apply: Asian Black/African-American American Indian/Alaska Native Hispanic/Latino Pacific Islander/Native Hawaiian White

State and Country of birth: _____ If Student was not born in the United States, when did student move to the US? _____
State Country

Student's Primary Address: _____ City: _____ Zip: _____

If student does not live with both parents, what is the secondary address of mother/father? _____
Parent Name Street Address City Zip

Does the child live within the boundaries of the City of St. Charles School District? Yes No

Which Elementary School is closest to you? _____

Primary phone number to use for **ALERT NOW**: _____

ALERT NOW is an automated phone message system used to alert parents of important school information such as school closings, etc.

DO YOU HAVE ANY CHILDREN UNDER FIVE? If yes, please list name(s), birth date(s), and preschool they may be attending (if applicable).

Are you currently enrolled in the Parents as Teachers program? Yes No Parent Educator's Name: _____

Child's Name under five	Birth Date	Preschool Attended or Attending (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU HAVE ANY SCHOOL AGE CHILDREN? If yes, please list name(s), birth date(s), and school(s) attending:

Child's Name of School Age	Birth Date	School Attending (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child had a Special Education evaluation? Yes No Does your child have a current IEP? Yes No

Was your child in a Special Education program? Yes No

Has your child had a DIAL-4 screening within the last 6 months (given to 3-5 year olds)? Yes No

Please choose the below program(s) you are interested in.

HALF DAY PRESCHOOL - Applies to children attending the half day preschool program:

Yes No **(In District Residents Only).** If my child qualifies academically, I would like for Title I funding to pay for his/her half day preschool tuition. (Based upon multiple criteria, including the DIAL-4 academic assessment).

Yes No If my child does not qualify for Title I funding, I am willing and able to pay for my child's half day preschool tuition (\$3,000 per year or 10 monthly payments of \$300).

FULL DAY TUITION – Applies to full day preschool program:

Yes No I am willing and able to pay for my child's full day preschool tuition (\$5,800 per year or 10 monthly payments of \$580).

Yes No I would like to complete an application to check my eligibility for free or reduced lunch tuition (\$2,200 per year or 10 monthly payments of \$220).

Yes No I currently have a child in the district that qualifies for free or reduced lunch. Child's Name _____

EXTENDED DAY CARE - Will you need extended day child care services for your child?

Yes No **If yes, what times?**

_____ 7:00 am - 8:30 am (Available at Blackhurst or Coverdell for half day and full day preschool).

_____ 3:30 pm – 6:00 pm (Available at Blackhurst or Coverdell for full day preschool only).

Yes No N/A I am willing and able to pay the tuition for extended day child care services.

How did you learn about our program? Teacher District Website Neighbor/Friend Internet/Phone Notification Other _____

➤ ALL ENROLLMENT FEES ARE NON-REFUNDABLE ◀

Parent's Printed Name: _____ Date: _____ Parent's Signature: _____

PRESCHOOL PREFERENCES

To help us with your child's placement, please rank your preferences in the Rank column. (1=first choice, 2=second choice, etc.)

If a location cannot be considered, please list N/A. (NOTE: Preferences are considered, but not guaranteed.)

Early Childhood Special Education classrooms are available at Blackhurst, Harris, Monroe and Null. These ECSE classroom placements are made by the Special Education Department.

Rank	Preschool Location	Preschool Times & Cost (10 mth payments Aug-May)	Extended Day Child Care AM (10 mth payments Aug-May)	Extended Day Child Care PM (10 mth payments Aug-May)	Notes
	Blackhurst HALF DAY	<input type="checkbox"/> AM – Half Day 8:30 am-11:30 am \$300/month	<input type="checkbox"/> 7:00 am–8:30 am \$80/month	Not Available	Title funds for qualifying students.
	Blackhurst FULL DAY	<input type="checkbox"/> Full Day 8:30 am-3:30 pm \$580/month	<input type="checkbox"/> 7:00 am-8:30 am \$80/month	<input type="checkbox"/> 3:30 pm-6:00 pm \$130/month	Tuition only. Reduced tuition available for families qualifying for free or reduced lunch.*
		<input type="checkbox"/> Send me an application to check eligibility of free or reduced lunch. \$220/month*	<input type="checkbox"/> 7:00 am-8:30 am \$80/month	<input type="checkbox"/> 3:30 pm-6:00 pm \$130/month	
	Coverdell HALF DAY	<input type="checkbox"/> AM – Half Day 8:30 am-11:30 am \$300/month	<input type="checkbox"/> 7:00 am–8:30 am \$80/month	Not Available	Title funds for qualifying students.
	Coverdell FULL DAY	<input type="checkbox"/> Full Day 8:30 am-3:30 pm \$580/month	<input type="checkbox"/> 7:00 am-8:30 am \$80/month	<input type="checkbox"/> 3:30 pm-6:00 pm \$130/month	Tuition only. Reduced tuition available for families qualifying for free or reduced lunch.*
		<input type="checkbox"/> Send me an application to check eligibility of free or reduced lunch. \$220/month*	<input type="checkbox"/> 7:00 am-8:30 am \$80/month	<input type="checkbox"/> 3:30 pm-6:00 pm \$130/month	
	Harris HALF DAY AM	<input type="checkbox"/> AM – Half Day 8:30 am-11:30 am \$300/month	Not Available	Not Available	Title funds for qualifying students.
	Harris HALF DAY PM	<input type="checkbox"/> PM – Half Day 12:30 pm-3:30 pm \$300/month			
	Lincoln	<input type="checkbox"/> AM – Half Day 8:30 am-11:30 am \$300/month	Not Available	Not Available	Title funds for qualifying students.
	Monroe	<input type="checkbox"/> PM – Half Day 12:30 pm-3:30 pm \$300/month	Not Available	Not Available	Title funds for qualifying students.
	Null	<input type="checkbox"/> PM – Half Day 12:30 pm-3:30 pm \$300/month	Not Available	Not Available	Title funds for qualifying students.

*Child must be approved for free or reduced lunch by completing a Free and Reduced Price School Meals Application. Eligibility is verified through Chartwells Food Service. Free or Reduced Lunch eligibility must be maintained in order to continue reduced tuition. To receive a Free and Reduced Price School Meals Application, please call 636-443-4087 or email jmohrman@stcharlessd.org.

Emergency Contact Information

2017 – 2018

In the event of an emergency it is very important that we have accurate information for each student. Please **PRINT** the following information and sign at the bottom. Include area codes on phone numbers and leave blank any information that does not apply. Should any information change during the school year, please notify the school office

Student's Name: _____ Home Phone: _____ Birth Date: _____ Language Spoken at Home _____

Street Address: _____ City _____ State _____ Zip _____

Siblings attending our school _____

If not married or living together, are parents of student: Divorced Separated Who has primary custody: Mother Father Guardian

Indicate any special custody agreements: Divorce/Custody Agreement Court Order for Protection

Name of any person prohibited by court action from having contact with student: _____

The school will need copies of legal documents pertaining to custody of the child in order to appropriately handle questions regarding dismissal or other requests.

Child lives with: Mother Step-Mother Female Guardian Joint Custody Father Step-Father Male Guardian

Mother's Name: _____ Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell: _____ Email: _____

Employer or School Attend: _____ Occupation: _____

Employer or School Address: _____ City: _____ Zip: _____

Work or School Schedule: _____ Work Phone: _____

Father's Name: _____ Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell: _____ Email: _____

Employer or School Attend: _____ Occupation: _____

Employer or School Address: _____ City: _____ Zip: _____

Work or School Schedule: _____ Work Phone: _____

Emergency Contact and/or Persons Authorized to take Child from facility (other than parent) (Local Only)

At least one emergency contact is required.

1) Name: _____ Relationship to child: _____

Address: _____ City: _____ ZIP: _____

Home Phone: _____ Cell: _____ Work: _____

2) Name: _____ Relationship to child: _____

Address: _____ City: _____ ZIP: _____

Home Phone: _____ Cell: _____ Work: _____

OFFICE USE ONLY: School Building _____ Student's Teacher _____ Student ID _____

Original: Preschooler's file