



EARLY CHILDHOOD PRESCHOOL APPLICATION

City of St. Charles R-VI School District

2018-2019



APPLICATION DUE: March 2, 2018
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

HALF DAY PROGRAMS – Please select your choices below which apply to the half day programs:

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 based on my choice below.

AM 5 Day / Monday through Friday / 8:30 am – 11:30 am / \$3,150 or August through May monthly payments of \$315

AM 3 Day / Monday, Wednesday, Friday / 8:30 am – 11:30 am / August through May monthly payments of \$200

AM 2 Day / Tuesday and Thursday / 8:30 am – 11:30 am / August through May monthly payments of \$150

PM 5 Day / Monday through Friday / 12:30 pm – 3:30 pm / August through May monthly payments of \$315

FULL DAY TUITION – Applies to full day preschool program 8:00 am – 3:00 pm:

Yes No I am willing and able to pay for my child's full day preschool tuition (\$6000 or August through May monthly payments of \$600).

Yes No I would like to complete an application to check my eligibility for free or reduced lunch tuition (\$2,500 or August through May monthly payments of \$250).

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?**

_____ Begins 6:30 am (Available for AM half day and full day program) August thru May monthly payments of \$90.

_____ Until 6:00 pm (Available for PM half day and full day program). August thru May monthly payments of \$135.

_____ Both AM and PM care. August thru May monthly payments of \$200.

EVALUATION INFORMATION

Has your child had a Special Education evaluation? Yes No

Was your child in a Special Education Program? Yes No

Does your child have a current IEP? Yes No

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

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

Child's Name under five

Birth Date

Preschool Attended or Attending (if applicable)

Are you currently enrolled in the Parents as Teachers Program? Yes No Parent Educators Name? _____

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

> ALL ENROLLMENT FEES ARE NON-REFUNDABLE <

EMERGENCY CONTACT INFORMATION

2018 – 2019

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 write "NA" 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 in Home _____

Street Address: _____ City _____ State _____ Zip _____

Siblings attending our school _____
Name School Name School Name School Name School

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.

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: _____

Mother's Employer or School Attending: _____ Occupation: _____

Mother's Employer or School Address: _____ City: _____ Zip: _____

Mother's Work or School Schedule: _____ Mother's Work Phone: _____

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

Home Phone: _____ Cell: _____ Email: _____

Father's Employer or School Attending: _____ Occupation: _____

Father's Employer or School Address: _____ City: _____ Zip: _____

Father's Work or School Schedule: _____ Father's 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: _____