



WASHINGTON PRESCHOOL

Findlay City Schools

1100 Broad Avenue Findlay, Ohio 45840

Phone: 419-425-8231

Fax: 419-427-5467

Preschool Registration Packet: 2018-2019

Welcome to Findlay City Schools Preschool!!

Washington Preschool is proud to be a Five-Star Program!

Findlay City Schools offers typical peer classrooms for preschool children as well as integrated special needs classrooms that are a blend of students with disabilities as well as typical peer role models.

The mission of the Findlay City Schools Preschool Program is to provide the children with a variety of age-appropriate play, literacy, learning experiences, technology exploration and social activities so that the children will develop a foundation for future learning. Our classrooms offer an abundance of technology experiences as well as developmentally appropriate hands on experiences.

Through these developmentally appropriate activities, the children discover who they are by relating to the other children, adults, and the environment. Trust, social interaction, and play are seen as the foundations on which children develop problem-solving skills, language, and self-esteem.

Children must turn 3 on or before April 1, 2018 to be eligible for the 2018-2019 school year.

Preschool students in the integrated classrooms (3 and 4 year olds) will attend Monday – Thursday in the morning. The older preschool students (4 and 5 year olds) will attend Monday – Friday in the morning or afternoon session. Our program will follow the Findlay City Schools calendar.

The tuition schedule for our program is attached. We will have limited tuition scholarships available to those who need economic assistance. In order to qualify for a tuition scholarship, you will need to complete the 2017-2018 Free and Reduced Price School Meals Family Application, which is attached to this packet. At the beginning of the 2018-2019 school year, you will have to complete another Free/Reduced Application to confirm your child's eligibility.

We will conduct a play-based screening at Washington Preschool on Friday, April 6, 2018. The screening will last about 45 minutes. You will be given an assigned time when you turn in the enrollment packet.

In order to be put on the list for the April 6th screening, please complete the forms in the enclosed packet and provide the following information:

- Child's Birth Certificate
- Social Security Card
- Immunization Record
- Parent ID (driver's license)
- Proof of Residency (example-Lease Agreement, Utility Bill)
- Court Papers, if applicable

Please bring the enrollment packet and the above information to the Washington Preschool building located at 1100 Broad Avenue.

Should you have any questions, please contact the Washington Preschool office at 419-425-8231. We look forward to meeting you and your child!



Findlay City Schools Washington Preschool

2018-2019 TUITION SCHEDULE

Program Tuition: Two payment options are available for both the 4-day and 5-day programs. Parents may opt to make payments every month or pay in full at the August parent meeting.

There will be limited availability for free tuition to the families who need economic assistance. This will only be available to those who qualify for free/reduced fees. Please fill out the Free/Reduced Lunch Application included with your forms.

4-Day Tuition:

If paying monthly:

Payment is due the first of each month

- \$105 – August/September
(includes \$20 for consumable school fees)
- \$85 – October
- \$85 – November
- \$85 – December
- \$85 – January
- \$85 – February
- \$85 – March
- \$85 – April
- \$85 – May

If paying in full:

- \$785 due at August parent meeting

5-Day Tuition:

If paying monthly:

Payment is due the first of each month

- \$125 – August/September
(includes \$20 for consumable school fees)
- \$105 – October
- \$105 – November
- \$105 – December
- \$105 – January
- \$105 – February
- \$105 – March
- \$105 – April
- \$105 – May

If paying in full:

- \$965 due at August parent meeting

Late Fee: A \$20 late fee will be applied to all payments received after the 5th of each month.

Tuition Refund: If your child continues with Findlay City Schools through Kindergarten and is still in attendance through October of his/her first grade year, 50 percent of your 2018-2019 tuition will be refunded to you.

Making Payments: Payments may be made by cash or check (made out to Findlay City Schools), or on our website: www.fcs.org using EZPAY. Please call 419-425-8231 for your child's student ID number. You will need this number to add your child to your EZPAY account.

Enrollment Questionnaire – Washington Preschool Program

Rev. 1/9/18



Office Use: Student ID _____ Adm. Date _____

Student Information

Has your child ever attended Findlay City Schools? No Yes _____
If so, which building / year

PLEASE PRINT LEGIBLY

Student First Name	Student Middle Name	Student Last Name	Student "Called Name"
Street Address	City	State	Zip Code
Contact Phone Number with Area Code	Date of Birth	Birth City	
Social Security Number	Entering Grade	School Year	Male or Female Gender

Which language(s) are spoken in the home: _____

Resident Status – please check one:

- Resident
- Open Enrollment
- Foster (Court-placed)

Citizenship Status – please check one:

- U.S. Citizen
- Exchange Student – Years in U.S. _____
- Non-U.S. Citizen – Years in U.S. _____

Is the student of Hispanic/Latino origin, regardless of race?

- Yes No

Ethnicity: (Please select one or more)

- White
- Black or African American
- Hispanic
- Asian
- Pacific Islander or Native Hawaiian
- Am. Indian or Alaskan Native

Session Preference: (This is only a preference, not a guaranteed time.) _____ AM _____ PM

Teacher Preference: If you have a teacher preference, please write the teacher's name _____

Transportation: _____ I agree to provide or make arrangements for transportation to and from school.
If bussing were to become available, would you be interested? _____ No _____ Yes

Medical: _____ I agree to submit a medical and dental form for my child, completed by a physician, within 30 days of the start of school.

Tuition: _____ I agree to pay all applicable fees in a timely manner.

***** DO NOT FORGET TO COMPLETE THE BACK OF THIS FORM *****

Enrollment Questionnaire Continued.....

Parent Information

Marital status of biological parents:

- Married Divorced Separated Widowed Never Married

Who has legal custody of this child?

- Both Parents Mother only Father only Grandparents
 Foster family Mother/stepfather Father/stepmother Other _____

If foster/guardian, what district did the natural parent(s) reside in at the time you received custody?

Name of school district _____

Do you have court papers regarding custody of this child?

- N/A No Yes (court papers must be provided)

WHO DOES THE STUDENT LIVE WITH?

Check all that apply:	Print First/Last Name	Cell Phone
<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother		
<input type="checkbox"/> Father <input type="checkbox"/> Stepfather		
<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent		

Please list any school-age children in the household:

Name _____ Grade _____ School Bldg (if known) _____
Name _____ Grade _____ School Bldg (if known) _____
Name _____ Grade _____ School Bldg (if known) _____
Name _____ Grade _____ School Bldg (if known) _____

***Proof of residency, original birth certificate, social security card, immunization records, parent identification, and if applicable, custody papers must accompany this form to complete registration.**

I certify to the best of my ability, that the information provided is true and accurate.

Signature of parent or legal guardian

Date



Home Language Survey

Grade _____

PLEASE PRINT LEGIBLY

Student's Family Name (Last Name) _____ First Name _____ Male/Female _____

Is English the only language spoken by all individuals in the home?

CIRCLE Yes If "yes" please sign the form at the X and you are done. Thank you!
ONE: No If "no" please complete the remainder of this form.

School Building of Attendance _____

Birth Date _____ Place of Birth _____
Month / Day / Year City / State / Country

Name of Parent/Guardian (Family Name) _____ First Name _____

Street Address _____ City _____ State _____ Zip Code _____

() _____ () _____
Home Phone with Area Code Work Phone with Area Code

Email Address: _____

U.S. Entry Date (approx.) _____ Nationality: _____

Sponsor (local): _____ Phone number: _____

Contact Person: _____ Phone number: _____

For Parents/Guardians: Please answer the following questions:

1. Please circle/list all languages that are spoken in the home:

Arabic Chinese English French German Japanese Korean Laotian Philippino Spanish
Vietnamese Other: _____

2. What language does your son/daughter use most frequently at home? _____

3. What language do you use most frequently with your son/daughter? _____

4. What language do the adults at home most often speak? _____

5. How long has your son/daughter attended school home country? _____ in the U.S.A.? _____

6. Age when first attended school? _____

7. Date of last school attendance in home country: _____ in the U.S.A. _____

8. Does your child have any learning difficulties? _____

I certify to the best of my ability, that the information provided is true and accurate.

X _____
Signature of parent or legal guardian Date _____



2017-2018 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS

Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and school grade level for each child/or indicate "NA" if child is not in school. School _____ Grade _____	Check if a foster child (legal responsibility of welfare agency or court) *If all children listed below are foster children, skip to Part 5 to sign this form.	Check if No Income
		<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"/>

Part 2. BENEFITS: If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the name and 10-digit case number for the person who receives benefits and **skip to Part 5**. If no one receives these benefits, **skip to Part 3**.

NAME: _____ 10-DIGIT CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Dr. Victoria Swartz 419-425-5424 homeless liaison. Homeless Migrant Runaway

Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
(Example) Jane Smith	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00/quarterly
\$		<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"/>	\$ _____ / _____
\$		<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"/>	\$ _____ / _____

Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT: Your child(ren) may qualify for a waiver of their school instructional fees. We must have your permission to share your meal application information with school officials if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will get free or reduced price meals. Please check a box: Yes I agree to have my meal application used to determine if my child(ren) qualify for a fee waiver.

No, I do not agree to have my meal application used to determine if my child(ren) qualify for a fee waiver.

Signature of Parent/Guardian for the Instructional Fee Waiver Question: _____ Date: _____

Part 6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under State and Federal statutes.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of your Social Security Number: _____ I do not have a Social Security Number

Part 7. Children's ethnic and racial identities (optional)

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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Don't fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Determining/Approval Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

If selected for Verification, Date Verification Notice Sent: _____ Response Date: _____ 2nd Notice Sent: _____ Results Sent: _____

Verification Result: No Change _____ Free to Reduced Price _____ Free to Paid _____ Reduced Price to Free _____ Reduced Price to Paid _____