

# Newton Community Preschool 2020-2021



Welcome to The Newton Community School District. Attached you will find the 2020-2021 application for one of the two preschool programs provided by our district. Information about eligibility and the application process for each program are explained below. Students will be placed on a waiting list once classes are full.

Applications are available at:

The District Office which is located at 1302 1st Ave W

Thomas Jefferson Elementary which is located at 112 Thomas Jefferson Drive

## Newton Community School District Preschool

**Four Year Old Program** (students must be four years old on or before September 15, 2020).

- There is no monthly tuition fee for the 4-year-old program. A one-time \$30 supplies fee is due prior to starting classes.
- Completed applications received by 4:30 pm on February 14, 2020 will be reviewed together, with preference given based on family income. Families will be notified of a decision by phone before the end of February. Information for completing registration will be provided upon acceptance.
- Completed applications received after February 14, 2020, will be reviewed individually based on program capacity. Families will be notified of a decision by phone within two weeks.

**Three Year Old Program** (students must be three years old on or before September 15, 2020).

- This program is limited to no more than 20 students.
- There is a tuition fee of \$25 per month for the 3-year-old program. A one-time \$30 supplies fee is due prior to starting classes.
- If more than 20 completed applications are received prior to February 14, 2020 a lottery system will be used. Families will be notified of a decision by phone before the end of February. Information for completing registration will be provided upon acceptance.
- Completed applications received after February 14, 2020 will be reviewed individually, based on program capacity. Families will be notified of a decision by phone within two weeks.

The following documents must be submitted in order for an application to be considered complete.

- 2020-2021 preschool application (attached)
- a current immunization record
- a copy of your child's birth certificate
- documentation of health insurance for your child (health insurance card with child's name)

Please submit your application materials to the District Office. ***Applications will not be considered complete unless all four of the documents listed above are received.***

If you have any questions, please contact Melinda Worthington, at 641.792.5809 or [worthingtonm@newtoncsd.org](mailto:worthingtonm@newtoncsd.org).

Approval Date

\_\_\_\_\_



**Newton Community Preschool Application 2020-2021**

**(the child must turn 4 on or before September 15, 2020)**

Our preschool is working very hard to meet the needs of the families in our program. To help us do that, please complete this application form and return. Completed applications received by 4:30pm on February 14, 2020 will be reviewed together, with preference given based on family income.

**APPLICATION IS NOT CONSIDERED COMPLETE UNTIL BOTH SIDES OF THIS APPLICATION AND ALL 3 ADDITIONAL DOCUMENTS ARE SUBMITTED.**

- Current Immunization Record
- Copy of Child's Birth Certificate
- Proof of Health Insurance for Child

Child's name: \_\_\_\_\_ Child's Birth date: \_\_\_\_\_ Male/Female  
(Please Circle)

Parent/Guardian Names: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address \_\_\_\_\_  
House number/Street Town State Zip

Please circle your **preference** for either our A.M./P.M. session: **A.M.** or **P.M.** **No Preference**  
**(We will do our best to accommodate your preference)**

Will your child attend any other preschool or childcare in addition to this preschool? Yes No  
If yes, please name the preschool or childcare provider \_\_\_\_\_

**Please fill out the back side** of this form and return to the District office. There will be additional online registration to complete prior to your child starting school.

**I agree** to provide transportation for my child to Thomas Jefferson Elementary School each day and ensure that my child will have regular attendance at preschool. **I understand** that regular attendance is essential for my child's development in reading, math, writing, social-emotional and communication skills. Please initial here if you agree to the statement above \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent/Guardian Completing Form Printed Name of Parent/Guardian Completing Form Date

## 4 Year Old Program Only

The following information is needed because we are a grant based program. This information needs to be filled out in order for your child to enter into our program. This information is kept confidential.

FIP or Food Assistance Eligible: Enter the FIP or Food Assistance Case Number for ANY household member as listed in the Notice of Decision. NOTE: Medicaid, Title XIX, FIP card number and EBT card numbers are not acceptable.

Name of household member with case number \_\_\_\_\_

List case number \_\_\_\_\_

List the names of everyone living in your household including adults. For FOSTER children, include only money available for child's personal use or child's own income.				Gross Income: Report income by how often the household member is paid				Other Monthly payments or income received			
		Foster Child	Age	Check if No Income							
Last Name	First Name	Y / N			Gross amount received weekly	Gross amount received every 2 weeks	Gross amount received twice a month	Gross amount received monthly	welfare, child support, alimony, adoption subsidies	pension, retirement, social security, SSI, VA	All Other Income
		Y / N									
		Y / N									
		Y / N									
		Y / N									
		Y / N									
		Y / N									
		Y / N									

I certify (promise) that all information on this application is true and that all income is reported if required. I understand that I will receive benefits from Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, my children may lose preschool benefits, and I may be prosecuted.

\_\_\_\_\_  
 Signature of Parent/Guardian Completing For                      Printed Name of Parent/Guardian Completing Form                      Date Signed

After a complete application packet is received, we will notify you by telephone or mail about your acceptance status. If you are accepted into the program, there will be additional forms to fill out for registration prior to the child starting school.

- Documentation required to accompany application :**
- Updated Immunization Record
  - Copy of Child's Birth Certificate
  - Proof of Insurance for Child

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**Netwon Community Preschool**  
**EJH Beard Administration Center**  
**1302 First Avenue West**  
**641.792.5809**  
**ATTN: Melinda Worthington**