Newton Community Preschool 2019-2020

Please find the 2019-2020 application for the Newton Community Preschool enclosed. The 4 year old program eligibility is based on income. The back of the 4 year old application needs to be completed, or the application will not be considered. *The 3 year old*



Fax: 641.792.9159

program will have approximately 20 spots, which will be awarded via a lottery system. (see below)

Applications are available after March 4, 2019, at the EJH Administration office or Thomas Jefferson Elementary. If your child is accepted, you will be emailed a link to complete registration.

Newton Community Preschool provides 2 different programs, as stated above:

- the Four Year Old Program (students must be 4 on or before September 15, 2019). There is no monthly tuition fee for this program as it is funded by the State of Iowa. However, eligibility is based on income. If you have any questions, please fill out an application to see if you will qualify.
- the Three Year Old Program (students must be 3 on or before September 15, 2019). This program has a monthly tuition fee of \$25. Space in this program is limited to 20 students.
- School fees will be determined prior to July 1, 2019. These will be communicated with you prior to the start of the school year, and payable prior to the start of the school year.
- This fee applies to all students enrolled in the Newton Community Preschool.

What you need to bring or mail to EJH Administration, beginning at 8:30 am on March 26, 2019:

- the 2019-2020 Application (enclosed)
- a current immunization record
- a copy of your child's birth certificate
- documentation of health insurance for your child

Applications will not be considered complete unless all 4 of the documents listed above are received.

Please deliver or mail your application materials to the EJH Administration Center. *Applications will NOT be accepted at any elementary in the district.*

Four year old program members will be notified by email within 2 weeks of receiving materials. **LOTTERY SYSTEM:** All applications received by 3:30 pm on Friday, April 12, will be given a number. We will then draw 20 numbers from a hat to determine who gets those 3 year old spots. Three year old program members will be notified by email by April 26, 2019.

Telephone: 641.792.5809

If you have any questions, please contact Melinda Worthington, at 641.792.5809 or worthingtonm@newtoncsd.org.



Newton Community Preschool Application 2019-2020

(the child must turn 4 on or before September 15, 2019)

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. Applications will be accepted beginning March 26, 2019 at 8:30 am.

APPLICATION IS NOT CONSIDERED COMPLETE UNTIL ALL 3 ADDITIONAL DOCUMENTS ARE SUBMITTED.

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

Child's name:	C	hild's Birth date:		Male/Female (Please Circle)
Parent/Guardian I	Names:		Phon	e:
Email Address: _				
Address				
	House number/Street	Town	State	Zip
•	preference for either our a		or P.M.	No Preference
•	end any other preschool or name the preschool or child		•	
	e back side of this form an to complete prior to your c		ation Center	There will be additional
that my child will h my child's develop	nave regular attendance at	preschool. I understand ting,social-emotional and	that regular	chool each day and ensure attendance is essential for tion skills. Please initial here
Signature of Parent/G	uardian Completing Form	Printed Name of Parent/Guar	rdian Completi	ng 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 manner of accompany living in complete	Gross Income: Report	
List the names of everyone living in your household.	income by how often the	Other Monthly payments or

List the names of For FOSTER childre child's person	•	money av	ailabl		income by	come: Rep / how ofte old membe paid	n the	Other Monthly payments or income received		
Last Name	First Name	Foster Child	Age	Check if No Income	Gross amount received weekly	Gross amount received every 2 weeks	s amo unt rece ived twic e a	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	Printed Name of Parent/Guardian	Date Signed
Completing Form	Completing Form	

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

Netwon Community Preschool EJH Beard Administration Center 1302 First Avenue West 641.792.5809

ATTN: Melinda Worthington