

Newton Community Preschool
2021-2022



Applications are available starting Feb 3, 2021 from 3 locations:
EJH Administration office, Thomas Jefferson Elementary or from
our website.

Newton Community Preschool provides 2 different programs:

- **Four Year Old Program** (students must be 4 on or before September 15, 2021). There is no monthly tuition fee for this program as it is funded by the State of Iowa. The back of the 4 year old application needs to be completed, or the application will not be considered. Completed applications received by 3:30 pm on March 1, 2021 will be reviewed together, with preference given based on family income.
- **Three Year Old Program** (students must be 3 on or before September 15, 2021). This program has a monthly tuition fee of \$25. ***The 3 year old program will have approximately 20 spots, which will be awarded via a lottery system. (see below)***

What you need to bring, email or mail to EJH Administration by March 1, 2021:

- the 2021-2022 Application
- a current immunization record
- a copy of your child's birth certificate
- documentation of health insurance for your child
- Proof of residency (driver's license or utility bill with current address)

EJH Administration is located at 1302 1st Ave W or you can email the forms to
robertsonm@newtoncsd.org

Applications will not be considered complete unless all 5 of the documents listed above are received. Applications will NOT be accepted at any elementary in the district.

All applications received by 3:30 pm on March 1, 2021 for the four year old program will be notified by email by March 12, 2021. Those applications received after that date will be reviewed and notified within 2 weeks.

LOTTERY SYSTEM: All applications received by 3:30 pm on March 1, 2021 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 March 12, 2021. The remainder of the applications will be placed on the waiting list.

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

3 yr: Number:



Newton Community Preschool Application (2021-2022)

(the child must turn 3 on or before September 15, 2021)

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 March 1, 2021 will be reviewed together, with a lottery system being used if program capacity is reached.

APPLICATION IS NOT CONSIDERED COMPLETE UNTIL THIS APPLICATION AND ALL 4 ADDITIONAL DOCUMENTS ARE SUBMITTED.

Updated Immunization Record

Copy of Child's Birth Certificate

Proof of Health Insurance for Child

Proof of Residency

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 the A.M. or 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 _____

3 year old program: Please sign your name below and return the form to Melinda Robertson at the district office. The district office is located at 1302 1st Ave W or you can scan and email the documents to robertsonm@newtoncsd.org. After a **complete application packet** is received, we will notify you by email if you are accepted into the program. If you are accepted into the program, 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