



Follow us on Twitter @PreK_5_Bobcat and @Cambridge_CS
Follow us on Facebook at cambridge.preschool.790

We are very excited that you have selected Cambridge City Schools Preschool to begin your child's education. Cambridge City Schools Preschool operates preschool for students with disabilities and typically developing peer models ages 3 through 5.

Preschool classes are offered 3 days a week for students ages 4-5 and 2 days a week for students ages 3-4. Hours of operation 7:45-2:30. Cambridge Preschool follows the Cambridge City School District School Calendar for days not in session. Cambridge Preschool will have one or two additional days off for staff development and spring conferences.

Cambridge Preschool offers a tuition assistance program based upon household income. The maximum tuition payment could be \$140 per month for 2 day and \$180 per month for 3 day. The tuition is a flat rate and is not adjustable for absences, holidays or calamity days and is due on your child's first school day of every month.

Please complete the attached application. If you wish to be considered for tuition assistance, please complete the attached JFS application and include one of the following proofs of income.

- 1.) Three most recent pay stubs, or
- 2.) your most recent tax return (if your income hasn't changed), or
- 3.) your most recent W-2 (if you are with the same employer).

Completed forms, including birth certificate, social security card, and custody papers (if applicable), can be mailed or dropped off at our preschool center. Once we receive and approve your application packet, we can put your child on a class list. There will be additional paperwork for you to complete before your child can begin.

If you have questions or need information, please call 740-439-7592.

Our staff is looking forward to working with you and your child as they grow and learn.

Cambridge City Schools Preschool

Application

Mail or Fax to: Cambridge City Schools Preschool
518 S 8th St
Cambridge, OH 43725

(phone) 740-439-7592
(fax) 740-432-2809

Child's Full Legal Name _____
First Middle Last

Social Security # _____ (optional) Date of Birth _____ Gender Male Female

Place of Birth _____ Is this child Hispanic/Latino? Yes No
City and State Primary Language Spoken at Home _____

Race/Ethnicity (check all that apply) White Black/African American
 Native Hawaiian/Other Pacific Island American Indian/Alaska native
 Asian

Is the student a dependent of a member of active duty forces? Yes No Which Branch? (circle) Army, Navy, Air Force, Marines, Coast Guard

Is the student a dependent of an active member of the National Guard? Yes No Which Branch? (circle) Army, Air

Parents of this child: Married Single Divorced Separated Live Together

****Are there custody papers?** Yes (please attach) No

Is this child a foster child? Yes No

Child resides with (circle all that apply). Mother Father Stepmother Stepfather Guardian

Parent/Guardian Name(s) _____

Address _____
student address city state zip

Add mailing address, if different, including PO Box, if applicable _____

Phone Number (_____) _____ Email Address _____

Mother's Maiden Name _____ Remarks or Concerns _____

List any medications this child needs to take at school _____

Do you reside in Cambridge City Schools Yes No, Please list the school district in which you RESIDE. _____

Does this child currently attend preschool? Yes No Location _____

Copies of the following need to be turned in with this application:

Birth Certificate Social Security Card
 Custody Papers (if applicable) Tuition assistance form (if applicable)
 Proof of Income (if applicable)

FOR OFFICE USE ONLY DATE RECEIVED _____ HS _____ EI _____

PTT _____ ETR/IEP _____ ECE _____ POV LEVEL _____ TYP _____ Age Aug. 1 _____ Oct. 1 _____

SPEECH _____ ADAP _____ COG _____ SOC _____ FINE _____ GROSS _____ Date scanned to Doris _____

START DATE _____ TEACHER _____ SCHEDULE _____ Tuition _____

Waitlist letter sent _____

Cambridge City Schools Preschool

Permission for Review

I give my permission for Cambridge City Schools Preschool to respond to a request for educational assistance for _____ . In giving my permission, I understand that any or all of the following may occur:

1. Signed permission to release information educationally relevant medical information, obtained by HMG through physicians (e.g., medical diagnosis, concerns etc.);
2. Review of the following requested records:

Developmental Evaluations	Immunizations Records
Request for Assistance	Birth Certificate
Ohio School Health History	Custody Papers (if applicable)
Progress Reports (if applicable)	Child's Social Security Number
Hearing/Vision Screening Reports	Current IFSP
Referral for Evaluation (PR-04)	
3. Interviews with caregivers or myself;
4. Observations of my child;
5. Assessment (screening, curriculum based, and other appropriate measures to determine interventions); and/or
6. Other (please specify)

I further understand and agree that the information collected by the school district representatives will then be reviewed and the team will develop an intervention plan and designate the resources needed to implement these interventions.

Parent Signature

Date

Cambridge City Schools Preschool

Status of Custody Form

Student Name _____ Date of Birth _____

Name of Adult Completing Paperwork _____

Relationship to Student _____

Child lives with:

- | | |
|-------------------------------------|-------------------------|
| _____ Both Natural/Adoptive Parents | _____ Grandparents(s) |
| _____ Father Only | _____ Aunt and/or Uncle |
| _____ Mother Only | _____ Foster Family |
| _____ Other - Explain _____ | |

If the child does not reside with both natural/adoptive parents, please check the parental status below.

- _____ Divorced; current custody document is on file with this school
- _____ Legally separated; current document is on file with this school
- _____ Separated; custody not on file (both parents have equal rights regarding custody)
- _____ Not married at time of birth
- _____ Intent to gain custody paperwork is currently on file with this school
- _____ Guardianship
- _____ Temporary Protection Order (restraining order, or TPO) is currently on file with this school
- _____ Parent deceased

I understand the rights of my child's other parent. If a legal separation, divorce or other custody change is initiated, I will furnish a copy of the custody document to the school.

Parent/Guardian Signature

Date

Tuition Assistance Programs are available for those who qualify. Eligibility is determined by family income below 200 percent of the federal poverty level (FPL).

**United States Department of Health and Human Services
200% of Federal Poverty Level Income Chart**

**If your household income is BELOW the maximum on this chart,
you might qualify for assistance.**

Persons in Household	Annual Income
1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240

Add \$8,960 for each person over 8.

For your child to be considered for the tuition assistance program, you must complete the attached application (JFS 01121) and provide one of the following proofs of income along with the completed JFS application.

- Three most recent consecutive pay stubs or
- a copy of your most recent tax return.

OR

If you do not wish to be considered for tuition assistance, please check, sign, and return this page with this Application Packet.

- I hereby waive my right to be considered for free and reduced tuition.
- I agree to pay full tuition fees if accepted into the preschool program.
- I understand that this waiver neither hampers nor enhances the chance of my application being accepted.
- I understand that if my financial situation changes, I may request a review of my income determination and verification and if income eligible, qualify for tuition assistance.

Signature of Parent(s)/Guardian

Date

Ohio Department of Job and Family Services
Ohio Department of Education
EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

Tell us about you (the applicant)			
First Name	MI	Last Name	
Address			Today's Date
City	State	County	Zip Code
Phone Number ()	Additional Phone Number ()	E-mail Address	

Tell us about the people in your home							
Name <i>(First, Middle, Last)</i>	Relationship to You <i>(spouse, son, friend, etc.)</i>	Race	Hispanic or Latino Y or N	Spoken Language	Date of Birth	Gender M or F	U.S. Citizen Y or N
	Self	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					

Tell us about your needs for your child(ren)

Tell us about your needs for your child(ren)			
Child 1	Provider Name and Address	Child's Needs	What hours/days do you need services? (i.e. child care or preschool) Check all that apply
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district?
Child's City of Birth			
Child 2	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) Check all that apply
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district?
Child's City of Birth			
Child 3	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) Check all that apply
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district?
Child's City of Birth			

Tell us about your finances

Will you or the people in your home receive income this month? Yes No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, bi-weekly, etc)	Date Last Received	Work or School Schedule (please list times)
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____

Do you or anyone in your household pay Child or Spousal Support? Yes No

How Much?

Signature of Applicant

Date