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Application 2023-24

We are very excited that you have selected Cambridge City Schools Preschool for your child's education for 2023-2024 school year. Cambridge Preschool operates preschool for students ages 3 through 5 including students with special needs.

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

Please complete the attached application by following the checklist and provide copies of the required documents for consideration of enrollment to our program. Completed applications and documents can be returned to the preschool office in person, by mail, fax, or email. Once the application process is completed, we will notify you of your child's enrollment status. Please note, incomplete applications will delay your child's application process. If your application is accepted, we will begin the enrollment paperwork and process.

If you have any questions please contact our office 740-439-7592. We are excited for the opportunity to work with you and your family.

Audra Caperenter, Administrative Assistant
Jill Clay, Preschool Director



Instructions for completing application paperwork

Please complete the enclosed paperwork and check off these forms as you complete them. Please return all completed forms and required documents. **(please be sure that all forms are filled out completely and signed):**

- ☐ Application
- ☐ Status of Custody Form (copies of custody papers)
- ☐ Permission for Review
- ☐ Tuition Assistance Waiver **(if you do not wish to be considered for tuition assistance) OR**

Early Childhood Education Eligibility Screening Tool **(if you wish to be considered for tuition assistance)**-please include 3 most recent consecutive pay stubs or a current tax return (if you are still at the same job)). We need this income verification for each person in the household. If income verification is not sent with the enrollment packet, your child's tuition will be full price. If your child is on an IEP, this paperwork must be completed, but no income verification is required.

- ☐ Copy of your child's birth certificate

Cambridge City Schools Preschool

Application 2023-2024

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

(phone) 740-439-7592
(fax) 1-800-521-6763

Child's Full Legal Name _____
First Middle Last

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 _____

List any medications this child needs to take at school _____

List any allergies that we need to be aware of: _____

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

Preschool Name & Location _____

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

☐ Birth Certificate
☐ Custody Papers (if applicable) ☐ Tuition assistance form (if applicable)
with proof of income attached

FOR OFFICE USE ONLY

DATE RECEIVED _____ HS _____ EI _____

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

Date scanned to EMIS _____

START DATE _____ TEACHER _____ SCHEDULE _____ Tuition _____



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



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

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
Phone Number ()	Additional Phone Number ()	E-mail Address

Tell us about the people in your home

Name (First, Middle, Last)	Relationship to You (spouse, son, friend, etc.)	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					

Child 1	Provider Name and Address	What hours/days do you need services? (i.e. child care or preschool) <i>Check all that apply</i>
Name		<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		
Special Needs <p>Is your child in need of special needs child care based on this definition? "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.</p> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child 2	Provider Name and Address	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		<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		
Special Needs <p>Is your child in need of special needs child care based on this definition? "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.</p> <input type="checkbox"/> Yes <input type="checkbox"/> No		

Child 3	Provider Name and Address	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		<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		
Special Needs Is your child in need of special needs child care based on this definition? "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

Tuition Assistance

Programs for tuition assistance are available for those who qualify. Eligibility is determined by family household 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 may qualify for assistance.

Persons in Household	Annual Income
1	\$29,160
2	\$39,440
3	\$49,720
4	\$60,000
5	\$70,280
6	\$80,560
7	\$90,840
8	\$101,120

Number of people living in your household: _____ Annual Family Income \$ _____.

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 form:

-Three most recent consecutive pay stubs **or**

-a copy of your most recent tax return

IF INCOME VERIFICATION IS NOT RETURNED WITH THIS FORM, FULL TUITION WILL BE CHARGED.

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 or reduced tuition and agree to pay full tuition 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