To: Parents of Perspective Preschoolers

Subject: Application Process

The Summit Educational Service Center provides special education and public preschool programming for the districts of Copley-Fairlawn, Coventry, Cuyahoga Falls, Field, Manchester, Mogadore, Nordonia Hills, Stow-Munroe Falls, Tallmadge and Woodridge. Children enrolled are taught through a developmentally appropriate and multi-sensory curriculum aligned with the State of Ohio's pre-Kindergarten Content Standards.

Acceptance into the preschool program occurs through one of two avenues:

Preschooler with a Disability: A child between the ages of three and five who demonstrate delays in one or more areas of development during the screening process. Areas of delay include communication, motor, social/emotional/behavior, adaptive, cognitive and visual/hearing impairments. This screening/evaluation process involves play-based activities, parent interview, formal and informal assessment. *Please call the office if you suspect your child may have a disability.*

OR

Peer Model: a child between the ages of three and five who does NOT have special needs can apply to the program as a peer model. Peer models must be completely toilet-trained and demonstrate good play skills (appropriate toy play, engagement with others, taking turns, etc.)

PEER ENROLLMENT PROCESS

The Summit Preschool Program has a step by step process to ensure that registration, screening and program recommendations are done in a timely and efficient manner.

STEP 1: Proof of Residency and Application

Any child applying to the program must live within one of the local school districts listed above, and residency must be provided and verified at the time of application. The following information is needed to begin the application process:

Proof of residency (Accepted: Rental/Lease agreement, Deed/Mortgage Utility bills .)
- Parent/Guardian current pay stub or W-2 and the sliding fee/scholarship request form
- Custody papers, signed and certified, if applicable
- Copy of your child's social security card and birth certificate

STEP 2: Once the application is received

Placement will be on a first come, first serve basis. Your family will be notified when an opening the roster is available for your child. At that point, a registration packet will be sent to you.

STEP 3: Registration Completion

An acceptance letter will be sent home once your child gets accepted. You will be required to attend the registration round up in the spring or summer in order to complete the process. Dates and times will be scheduled with parents on and individual basis. **No child will start the program unless all registration documents are completed and turned in to the preschool office**. The following items will be required to complete your child's registration:
- Immunization Records
- Health History Form
- Dental Form
- Emergency Medical Forms
- Photo Release and Roster Permission Form

Summit Preschool Peer Application

Student Last Name:	First Name:	DOB:	Gender: Male Female
Birthplace City:	Social Security #:	Potty Trained: ☐ yes ☐ no	Home Language ☐ English ☐ Other

Street Address:	City:	Zip:	School District:	Session Time: ☐ AM ☐ PM ☐ Either

Parent/Guardian:	Phone:	Email:
Parent/Guardian:	Phone:	Email:

Please Note: Applications will not be processed without the following documents attached

	Birth Certificate	Social Security Card	Proof of Residency	Proof of income
Received:	☐	☐	☐	☐

How did you hear about our Preschool?

Friend / Relative	☐	Summit ESC Website	☐
Local Newspaper	☐	School District Website	☐
Social Media		Marketing Promotion	
Facebook	☐	Building Signs	☐
Twitter	☐	Flyers	☐
		Other _____	☐

Is this your child's first time in preschool? ☐ Yes   ☐ No

If No provide the name of school last attended. _____ in _____

Name of school   location of school

Applications can be dropped off at the Summit Preschool located at 420 Washington Ave. Cuyahoga Falls, 44221. Faxed to 330-945-6222 attn Brandie or emailed to BrandieK@cybersummit.org

*Woodridge families please call Vonnie George at 330-928-9074 as

you will need to register with the district and not with the Summit Preschool

Other districts may need you to register with them once your child is accepted

Office Use Only:

Date Application was received:_____ Child's Age by 8/1:_____ Income Level:_____

Spot Offered on:_____ Teacher:_____ Session:_____

Summit Preschool Sliding Fee/ Scholarship Request

Please Check: ☐ New Student   ☐ Returning Student

Student Name:	**Date of Birth:**	**IEP** ☐	**Peer** ☐
Parent Name:	**School District:**	**Today's Date:**	

I.   Please attach a copy of verification of your monthly or yearly income (i.e. pay stub or 2015 tax return).

II.   Circle the number of family members in the first column

III.   Indicate your combined family income level (before deductions) and complete the entire form below. Circle or check mark the income across from the number of family members in your household

IV.   For family units with more than 8 members, add $3,960 for each additional member.

# Family Members	If Income Falls below Level #3 put a check mark in this column	Maximum Income Level #3	If Your Income falls Between Level # 3 and Level #2 put a check mark in the column	Maximum Income Level #2	If Your Income falls Between Level # 2 and Level #1 put a check mark in the column	Maximum Income Level #1	If Income Falls above Level #1 Put a Check Mark in this column
1		$ 11,880		$ 17,820		$ 23,760	
2		$ 16,020		$ 24,030		$ 32,040	
3		$ 21,160		$ 30,240		$ 40,320	
4		$ 24,300		$ 36,450		$ 48,600	
5		$ 28,440		$ 42,660		$ 56,880	
6		$ 32,580		$ 48,870		$ 65,160	
7		$ 36,730		$ 55,095		$ 73,460	
8		$ 40,890		$ 61,335		$ 81,870	

_____

Signature of Parent

V. If your income level falls into or below the above levels, please complete the information below.

1.   Print STUDENT INFORMATION and List Each Child's FOOD STAMP or AFDC Case Number, if any.

Student Name:	Name of School:	Grade	Food stamp Number:	AFDC Number:

2.   FOSTER CHILD: List the child's monthly personal use income. Write "0" if the child has no personal use income. $ _____

3.   HOUSEHOLD MEMBERS AND MONTHLY INCOME: IF you gave a food stamp or AFDC case number for each child, skip to PART 4.

MONTHLY INCOME CONVERSION: (WEEKLY x 4.33)   (EVERY 2 WEEKS x 2.15)   (TWICE A MONTH x 2)

Names of Household Members	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2			
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$

4.   SIGNATURE: I certify that all of the above information is true and correct and that all income is being given for the receipt of Federal funds, that school officials may verify the information on the application; and that deliberate misrepresentation of this information may subject me to prosecution under applicable State and Federal Laws.

_____

Signature of Adult Household Member