



To: Parents of Perspective Preschoolers

Subject: Application Process

The Summit Educational Service Center provides special education and public preschool programming for the following districts:

Copley-Fairlawn please register at the Copley-Fairlawn board office after accepted	Field	Nordonia Hills
Coventry	Manchester	Tallmadge
Cuyahoga Falls	Mogadore	Woodridge please register at the Woodridge board office before sending the application

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 330-945-5600 and ask for Chris Webb 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 / Peer Screening

Your child will be placed on a waiting list until we have a peer screening date scheduled. Placement will be determined by the outcome of the screening. Your family will be notified when and where to attend the peer screening. During the peer screening the teaching staff will meet with your child to ensure that your child is preschool ready. Failure to not show for screening can result in your child being taken off the waiting list.

STEP 3: Registration Completion

An acceptance letter will be sent home once your child gets accepted. If your child is not yet ready for preschool they will go back on the waiting list until we have another open spot in the classroom.

No child will start the program unless all registration documents are completed and turned in to the preschool office.

Our registration packet can be found on the WWW.summitesc.org website. This packet is required for all students who are in attendance of the preschool program. No child shall start until the office has the completed packet.



School year applying for: _____

Child's Age by 8/1: _____

Summit Preschool Peer Application

Student Last Name:	First Name:	DOB:	Please check one : <input type="checkbox"/> Male <input type="checkbox"/> Female	
Birthplace City:	Social Security #:	Potty Trained: <input type="checkbox"/> yes <input type="checkbox"/> no	Home Language <input type="checkbox"/> English <input type="checkbox"/> Other	
Street Address:	City:	Zip:	School District:	Session Time: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> 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 the program?

Friend / Relative	<input type="checkbox"/>	Summit ESC Website	<input type="checkbox"/>
Local Newspaper	<input type="checkbox"/>	School District Website	<input type="checkbox"/>
Social Media		Marketing Promotion	
Facebook	<input type="checkbox"/>	Building Signs	<input type="checkbox"/>
Twitter	<input type="checkbox"/>	Flyers	<input type="checkbox"/>
		Other	<input type="checkbox"/>

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

If No provide the name of school last attended. _____
Name of school and 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@summitesc.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
Copley Families will register with the board office once accepted.

Office Use Only:

Date Application was received: _____ Income Level: _____
 Spot Offered on: _____ Teacher: _____
 Session: _____

Summit Preschool Sliding Scale Fee / Scholarship Request

Please check: new student returning student

Student's Name:	Date of Birth:	IEP <input type="checkbox"/>	PEER <input type="checkbox"/>
Parent Name:	School District	Today's Date:	

Attached is the current w2 for the household

- I. Please attach a copy of verification of your monthly or yearly income (i.e.7 pay stubs per parent or current 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 additional cost for each additional family member.*

Family Size	A		B		C		D		E		F		G
	0%	100%	101%	125%	126%	150%	151%	175%	176%	185%	186%	200%	> 200%
2	0.00	16,910	16,911	21,138	21,139	25,365	25,366	29,593	29,594	31,284	31,285	33,820	33,821
3	0.00	21,330	21,331	26,663	26,664	31,995	31,996	37,328	37,329	39,461	39,462	42,660	42,661
4	0.00	25,750	25,751	32,188	32,189	38,625	38,626	45,063	45,064	47,638	47,639	51,500	51,501
5	0.00	30,170	30,171	37,713	37,714	45,255	45,256	52,798	52,799	55,815	55,816	60,340	60,341
6	0.00	34,590	34,591	43,238	43,239	51,885	51,886	60,533	60,534	63,992	63,993	69,180	69,181
7	0.00	39,010	39,011	48,763	48,764	58,515	58,516	68,268	68,269	72,169	72,170	78,020	78,021
8	0.00	43,430	43,431	54,288	54,289	65,145	65,146	76,003	76,004	80,346	80,347	86,860	86,861
Tuition Cost	Free		\$480.00		\$480.00		\$860.00		\$860.00		\$860.00		\$1,250.00

Signature of Parent

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

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

STUDENT NAME	GRADE	NAME OF SCHOOL	FOOD STAMP NUMBER	AFDC NUMBER

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

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

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			
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

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 Parent

Date

EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

How do I apply for Early Childhood Education Services?

You will need to:

1. Complete the screening tool.
2. Do not submit to the Ohio Department of Education.
3. Submit this form to your provider.

How do I apply for Publicly Funded Child Care?

You will need to:

1. Complete the screening tool, JFS 01121.
2. Complete the JFS 01122 Publicly Funded Child Care Supplemental Application.
3. Submit both the JFS 01121 and JFS 01122 to your local county agency.
4. Attach verifications to the JFS 01122 (see verification requirements below).

How do I complete this application?

1. **Fill out this application:** Answer as many questions as you can.
2. **Be sure to sign the application.**

When will I receive assistance?

ECC: You will be notified by your provider when you may begin care.

Child care: Eligibility for the child care program is based on the date a signed application is submitted to the county agency. Eligibility for this program is determined within 30 days from the earliest date either the JFS 01121 or JFS 01122 is submitted.

What verifications do I need for publicly funded child care?

You will need to:

1. **Submit the JFS 01121 and JFS 01122.**
2. **Provide proof of income:** Verification of all money coming into your household. (such as pay stubs, tax records, award letters, child support)
3. **Proof of any child support paid.**
4. **Proof of citizenship or qualified alien status for children in need of care:** If the county agency verifies that a caretaker receives or has received OWF for a child, verification of citizenship is not required.
5. **Provide proof of a qualifying activity for all caretakers in the household:** Verification of a qualifying activity includes but is not limited to an official school schedule, work schedule, employment verification, self-sufficiency contract, etc.
6. **Provide the name and address of an eligible child care provider chosen for each child in need of care.**

What is Step Up To Quality?

Step Up To Quality was created to help families identify early learning and development programs that go beyond the minimum standards of licensing. Star Rated programs demonstrate higher levels of quality in a variety of ways. Ask your provider if they are participating.

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

*This form is valid only for publicly funded child care when attached to a
JFS 01122 Publicly Funded Child Care Supplemental Application

Tell us about you (the applicant)			
First Name	Middle Initial	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 <i>Y or N</i>	Spoken Language	Date of Birth	Gender <i>M or F</i>	U.S. Citizen <i>Y or N</i>
	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	Y			M	Y
		<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	N			F	N
		<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	Y			M	Y
		<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	N			F	N
		<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	Y			M	Y
		<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	N			F	N
		<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	Y			M	Y
		<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	N			F	N

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 <i>(before taxes)</i>	How Often Received <i>(weekly, bi-weekly, etc)</i>	Date Last Received	Work or School Schedule <i>(please list times)</i>
					<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