

420 Washington Avenue
Cuyahoga Falls, OH 44221
Tel: (330) 945-5600
Fax: (330) 945-6222
SummitESC.org



Peer Application Process

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

Summit County Districts

- Copley-Fairlawn
- Coventry
- Cuyahoga Falls
- Manchester
- Mogadore
- Nardon
- Tallmadge
- Woodridge

Portage County Districts

- Field
- Rootstown
- Southeast

Your child must attend the district in which you reside. Residency must be provided at the time the application is submitted.

Step 1: The following information is needed to begin the application process:

- Completed Peer Application
- Current Proof of Residency
 - Mortgage Statement, or
 - Rental/Lease Agreement, or
 - Utility Bill (Electric, Gas or Water)
- Parent/Guardian Current W-2
- Custody papers, signed and certified, if applicable
- Copy of your child's social security card
- Copy of your child's birth certificate

Step 2: Once the complete peer application and applicable documents are returned your child will be placed on the list of applicants to attend a peer screening. You will be contacted with the date and time for your child to attend the screening. During the peer screening the teaching staff will meet with your child to ensure that your child is preschool ready. Peer models must be completely toilet-trained and demonstrate appropriate play skills. Placement will be determined by the outcome of the screening. Failure to attend the screening can result in your child being taken off the waiting list.

Step 3: If your child is accepted into the program, you will receive an official acceptance letter outlining next steps.

*If you suspect your child may have a disability, please call 330-945-5600 and ask for Chris Webb.

Summit Preschool Peer Application



Student's Name _____			
Last	First	Middle	
City of Birth _____		Date of Birth _____	
Social Security # _____		District of Residence _____	
Student Address _____		Home Phone _____	
Street address _____			
_____		_____	
City		Zip code	

Parent Name _____		Resides with student	Yes	No
Address _____		Phone # _____		
(Only If different from Student)		(Only If different from Student)		
_____		_____		
City		Zip code		
Email _____				

Parent Name _____		Resides with student	Yes	No
Address _____		Phone # _____		
(Only If different from Student)		(Only If different from Student)		
_____		_____		
City		Zip code		
Email _____				

Is this your child's first time in preschool?		Yes	No
If no, where have they previously attended? _____			
How did you hear about Summit Preschool? _____			
Have you had other children attend Summit preschool?		Yes	No
Is your child potty trained?		Yes	No
Home Language		English	Other

Applications can be dropped off at the Summit Preschool located at:
 420 Washington Ave. Cuyahoga Falls, 44221 **or** 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. **Copley Families will register with the board office once accepted.

Please note applications will not be processed without the following: (check when received)

Birth certificate

Social Security card

Proof of residency

Proof of income

Office use only:	Date Received _____
	Income level _____

Summit Preschool Income Verification for EMIS



Student's full Name: _____ Date of Birth: _____ Today's Date: _____

Parent Name: _____ School District _____ Peer IEP _____

Attached is the current w2 for the household

We are required to report information regarding poverty level to the Ohio Department of Education to be used to understand other factors that may affect the education of students. We are asking you to fill out this form so that we can comply with this request. You may also choose not to disclose your income at this time by checking item V. Failure to disclose income will result in being charged full tuition.

I. Please attach a copy of verification of your monthly or yearly income (current tax return).

II. Number of People in my family is Total # _____ Adults _____ Children _____

III. Indicate your combined family income level (before deductions) and complete the entire form below.

IV. For family units with more than 8 members, add additional \$4,420 for each additional family member.

V. *I do not wish to disclose my income at this time.*

Signature _____

Please check between income range across from the number of family members in your household in which your income falls.

	A		B		C	
Family Size	0%	100%	101%	125%	126%	150%
2	0.00	\$17,420	\$17,421	\$21,775	\$21,776	\$26,130
3	0.00	\$21,960	\$21,961	\$27,450	\$27,451	\$32,940
4	0.00	\$26,500	\$26,501	\$33,125	\$33,126	\$39,750
5	0.00	\$31,040	\$31,041	\$38,800	\$38,801	\$46,560
6	0.00	\$35,580	\$35,581	\$44,475	\$44,476	\$53,370
7	0.00	\$40,120	\$40,121	\$50,150	\$50,151	\$60,180
8	0.00	\$44,600	\$44,601	\$55,750	\$55,751	\$66,900
Tuition Cost	Free		\$510.00		\$510.00	

	D		E		G	
Family Size	151%	175%	176%	185%	> 200%	
2	\$26,131	\$30,485	\$29,594	\$32,227	\$32,228	\$34,840
3	\$32,941	\$38,430	\$37,329	\$40,626	\$40,627	\$43,920
4	\$39,751	\$46,375	\$45,064	\$49,025	\$49,026	\$53,000
5	\$46,561	\$54,320	\$52,799	\$57,424	\$57,425	\$62,080
6	\$53,371	\$62,265	\$60,534	\$65,823	\$65,824	\$71,160
7	\$60,181	\$70,210	\$68,269	\$74,222	\$74,223	\$80,240
8	\$66,901	\$78,050	\$76,004	\$82,510	\$82,511	\$89,200
Tuition Cost	\$890.00		\$890.00		\$1,280.00	

Signature of Parent

Declaration of No Income

If a Family has no income, they must provide a written explanation of how they are meeting basic living expenses, including but not limited to food, Housing/shelter, utilities, and transportation. The family must provide a statement indicating the information provided is true and accurate, must contain a detailed explanation of how all four living expenses noted above are met, and must contain the parent/ guardian signature.

I, _____, verify that neither I nor any member of my family earns any income.

I/We have been meeting our basic needs in the following way:

Food	
Housing/ shelter	
Utilities	
Transportation	

I certify that the information above is complete and accurate to the best of my knowledge. I understand that if I knowingly give false information or misrepresentation of my income, it may result in disqualification.

Parent/ Guardian Printed Name _____

Parent/ Guardian Signature _____

Date _____

Witness Printed Name _____

Witness Signature _____

Date _____