

PRE SCHOOL PROGRAM INFORMATION AND APPLICATION INSTRUCTIONS

Completion of this application does not guarantee enrollment in any program. Families will be contacted by mail about your child's status in the preschool program **AFTER** May 18th, 2010. Please return this application to Summit School District RE-1 Central Office by April 30th for first round of enrollment. Children must be 3 or 4 years old by October 1st, 2010. This application will be accepted after the deadline.



Summit County School District
P.O. Box 7 Frisco, CO 80443
150 School Road, Frisco
CPP and Tuition: Cindy Donahue
970-368-1022

Summit County Head Start
P.O. Box 497 Dillon CO 804
330 Fiedler Ave., Suite 209, Dillon
Jason Read, 970-513-1170 x 310



Summit School District Programs Information:

- All programs are 4 days per week Tuesday – Friday.

Program Hours:

- **Full Day Programs:** 8:45am-3:50pm
- **AM Programs:** 8:45am-11:45pm
- **PM Programs:** 12:50pm-3:50pm

Summit School District

The purpose of the Summit School District Preschool is to serve young children who have developmental delays or identified disabilities as well as children who are eligible as identified by the Colorado Preschool Program guidelines and children identified by the Summit County Head Start program as income qualified. If space is still available, a small population of children who pay tuition (full day cost: \$720, half day cost: \$325) can be enrolled in the preschool program.

Colorado Preschool Program (CPP) serves preschool age children (3-5) with qualifying factors. Are you eligible for CPP? Children will be identified for service based on the following criteria:

- Homelessness and/or frequent moves
- Drug/alcohol abuse in the home: Any adult living in the home with the child who is abusing or is addicted to a substance such as drugs or alcohol.
- Need of English language development, including but not limited to the ability to speak English: Any concerns about child's ability to produce speech sounds or talk to others in child's native language.
- Poor social skills of the child: This includes exclusion from other child care programs due to social or emotional issues, little or no opportunities to interact with children, and inability to get along with other children.
- Either parent was less than 18 and unmarried at the time of the birth of the child
- Family receives or would qualify for free or reduced lunch: 185% of poverty level for reduced lunch
- Either parent has not successfully completed a high school education or its equivalent
- Child is receiving assistance from local, county or state services

Summit County Head Start takes pride in participating in an integrated program model within the School District preschool classrooms. As part of the full process of recruiting eligible children to include children from low income families and children with special needs, additional information will be required including income information for the last 12 months. The additional application information will be mailed to families. Once the Head Start office receives the additional information you will be contacted by Head Start staff.



1. Please circle if a child's family is currently living in any of the following circumstances due to economic hardship:

Hotel/motel __ Shelter __ Transitional housing __ Campground/RV Lot/Car ____ With others ____

2. Are there circumstances in the child's home that would cause the child to be exposed to abuse or domestic violence? No Yes If yes, please explain: _____

3. Are there circumstances that would cause the child to be exposed to the abuse of drugs or alcohol in the home? No Yes If yes, please explain: _____

4. Was either of the child's parents less than 18 years of age and unmarried when the child was born? No Yes

5. Has either parent or guardian NOT successfully completed a high school education or its equivalent? No Yes

6. How many times has your family relocated to a new residence in the past 2 years? 1 2 3 or more

7. Do you or anyone else believe the child has difficulty using his/her native language to communicate needs? No Yes If yes, please explain: _____

8. Does the child speak some English? No Yes

9. Is your family receiving any local, county or state services? No Yes

If yes, Please circle which one(s): WIC TNF CHILD PROTECTION FOSTER CARE SOCIAL SERVICES CCAP FAMILIES UNITED HEADSTART

(If accepted into the program, verification of program services will need to be provided).

10. What health insurance does the child have? MEDICAID CHP+ PRIVATE INSURANCE

11. If the child has a sibling in school, does the child currently receive free or reduced lunch? No Yes

12. Do you or anyone else have concerns about your child's behavior? No Yes

If yes, please explain _____

13. Do you or anyone else have health concerns that would affect your child in a school environment? No Yes

If yes, please explain _____

The information given on this form is true and accurate. I give Summit School District and Summit County Head Start permission to exchange this application information for the provision of services to my child and my family. This authorization shall continue until revoked by me in writing. Completion of this application does not guarantee enrollment in any program.

Parent Signature

Date