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

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.*

<div align="center">OR</div>

- **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:

<div align="center">Proof of residency (Accepted: Rental/Lease agreement, Deed/Mortgage, utility bills.)</div>

• 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.

Summit Preschool Peer Application

Student Last Name:	First Name:	DOB:	Please check one : 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 the program?

Friend / Relative	Summit ESC Website	
Local Newspaper	School District Website	

Social Media
 	
  Facebook
 	
  Twitter
	Marketing Promotion
	
	  Building Signs
	
	  Flyers
	
	  Other
	
	_____	

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**	**PEER**
Parent Name:	School District		Today's Date:

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 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		12,490		$ 18,735		$ 24,980	
2		$ 16,910		$ 25,365		$ 33,820	
3		$ 21,330		$ 31,995		$ 42,660	
4		$ 25,750		$ 38,625		$ 51,500	
5		$ 30,170		$ 45,255		$ 60,340	
6		$ 34,590		$ 51,885		$ 69,180	
7		$ 39,010		$ 58,515		$ 78,020	
8		$ 43,430		$ 65,145		86,860	
	If more than 8 members	Add $4,420 Per additional		Add $6,630 Per additional		Add $8,840 Per additional	

_____
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**

Updated 2/1/2019 BK