# Preschool Application 2024-2025

\*Revised February 2024

Dear Parents and Guardians,

In order for your child to be considered for acceptance into the Bedford City Schools Preschool Program, you must complete and return these items to:

Erin N. Black

475 Northfield Rd

#### Bedford, OH 44146

- Application Form (page 3)
- Photo & Roster Permission (page 4)
- Health Screening Form (page 5)
- Acknowledgement of Privacy Practices (page 6)
- Child Plus Application (page 7)
- Proof of Income

   at least one of the following must be

   attached to your returned application
  - > W-2's for all income
  - > 1040's for all income
  - Two most recent paystubs
  - Public assistance letter
- Income & Residency Verification Form must be completed at a later date either electronically or on paper



through Friday, May 17, 2024
to be considered for the
lottery for new preschool
students. Applications
received after this date will be
placed on a wait list, should a
spot become available.

#### **Bedford City Schools**

#### **Full-Time Programming**

Please read the following in its entirety for a full understanding of the program requirements.

#### Program:

- Full-time session is Monday through Friday with every third Friday of the month for a records day for staff members, therefore, school is not in session.
- Hours of operation:
  - o Glendale Primary School
    - 8:05 AM 3:00 PM
      - Drop off = 8:05 AM 8:15 AM
      - Tardy bell = 8:15 AM
      - Pick up = 2:50 PM 3:00 PM
  - Central Primary School
    - 8:25 AM 3:20 PM
    - Drop off = 8:25 AM 8:35 AM
    - Tardy bell = 8:35 AM
    - Pick up = 3:10 PM 3:20 PM

#### **Participation Requirements:**

- Children must be four years old on or before August 1, 2024, for the full-time classroom.
- Compliance with preschool regulations, which includes required paperwork/physicals, and conferences
- Compliance with the communicable disease policy, including requirements for immunizations and physical examination before the school entrance
- Transportation will not be provided. It is the parent's responsibility to transport the child to and from school
- Children must maintain a positive attendance record to avoid exclusion from the program
- Parents are required to drop off and pick up their children on time to avoid exclusion from the program
- Tuition is \$95.00 per week, which is billed monthly.
  - Dates are determined according to each school year's calendar.
  - O Poverty guidelines will be utilized to determine a sliding fee schedule/reduced tuition for students. (This will be determined by proof of income documents.
  - Vouchers are not accepted.
  - Verification of all household income is mandatory.
  - If the family income changes, you are required to inform Erin N. Black
- Children must be potty trained before the first day of school

Please in	itial that	vou read	and I	understand:	

## Application procedure:

- Please refer to the mandatory forms needed which are located on the front page of the application.
  - O Upon acceptance into the program, more forms will be required to be completed per the state.
- Return the application packet to Erin N. Black at 475 Northfield Rd.
  - o *If incomplete*, the family will be notified detailing the required information that is missing. An opportunity to resubmit will be given.
- All applicants will be notified regarding acceptance into the programming by phone or letter
  - o Directions on how to enroll/register your student will be provided after acceptance into the program
  - o Families will receive and sign a tuition payment calendar that details financial obligations and payment schedule
  - o Once slots are filled, a waitlist will be established.

#### **Bedford City Schools**

#### Part-Time Programming

Please read the following in its entirety for a full understanding of the program requirements

#### Program:

- AM Session: Monday through Thursday
  - o Glendale Primary School
    - 8:25-11:10 AM
    - Tardy bell at 8:40 AM
  - Central Primary School
    - 8:25 AM 11:10 AM
    - Tardy bell at 8:40 AM
- PM Session: Monday through Thursday
  - Glendale & Central Primary School
    - 12:30 PM 3:10 PM
    - tardy bell at 12:40 PM
- Child's placement is completed by staff. Special requests cannot be considered.
- Children will meet the criteria for peer models, as determined by Bedford City Schools

#### **Participation Requirements:**

- Children must be three years old on or before August 1
- Compliance with preschool regulations, which includes required paperwork/physicals, and conferences
- Compliance with the communicable disease policy, including requirements for immunizations and physical examination prior to school entrance
- Transportation will not be provided. It is the parent's responsibility to transport the child to and from school
- Children must maintain a positive attendance record to avoid exclusion from the program
- Parents are required to drop off and pick up their children on time
- Fee is \$20.00 per week, which is billed monthly.
  - o Dates are determined according to each school year's calendar.
  - o Poverty guidelines will be utilized to determine a sliding fee schedule/reduced tuition for students.
  - Vouchers are not accepted.
  - Verification of all household income is mandatory.
  - o If the family income changes, you are required to inform Erin N. Black
- Children must be potty trained before the first day of school

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### Application procedure:

- Please refer to the mandatory forms needed which are located on the front page of the application.
  - Upon acceptance into the program, more forms are required to be completed per the state.
- Return the application packet to Erin N. Black at 475 Northfield Rd.
  - o *If incomplete*, the family will be notified detailing the required information that is missing. An opportunity to resubmit will be given.
- All applicants will be notified regarding acceptance into the programming by phone or letter
  - o Directions on how to enroll/register your student will be provided after acceptance into the program
  - o Families will receive and sign a tuition payment calendar that details financial obligations and payment schedule
  - o Once slots are filled, a waitlist will be established



#### **Bedford City School District**

#### **Application Form**

## Reminder: \*Students must be 3 years old on or before August 1st for the part-time program. \*Students must be 4 years old on or before August 1st for the full-day program. Child's Name: \_\_\_\_\_\_ Gender: Female or Male Address: \_\_\_\_\_City: \_\_\_\_\_ Date of Birth: Parent or Guardian's Name: Parent or Guardian's Phone Number(s): Parent or Guardian's Email address: \*Please contact the district throughout the application period to update any changes to contact information, including a current phone number. Full Time Program Family Preference: Part Time Program \*Family preference is not guaranteed; efforts will be made to accommodate family preferences, but please understand there is not a guarantee. Date: Parent or Guardian's Signature: Office use ONLY:

UPK/part	UPK/full	ECE	PL %	EMIS PL %
Age before August 1st 3, 4, 5	Home School: Central or Glendale	Amount for Tuition Contract:		

Classus and Assignments	
Classroom Assignment:	
	College Colleg

#### **Bedford City School District**

The following information is needed to meet the criteria required by the

Ohio Department of Education Preschool Law 3301-37 and 3301-38

Child's Name:	
Parent's Name:	(print)
Parent's Signature:	Date:
Roster Verification: A roster will be created f	for each classroom and provided upon request.
I give permission to include my chil	d's name, parent's name, address, and phone number on the roster.
I do <u>not</u> give permission to include	my child's name, parent's name, address, and phone number on the roster
	ken of your child can be used in district and school publications such as es, and other district-approved social media platforms.
I give permission for my child to be	photographed and/or videotaped for the above-listed purposes.
I do <u>not</u> give permission for my chil	d to be photographed or videotaped for the above-listed purposes.

#### **Child Release Information:**

1

In the event that you cannot be reached, our school personnel will check our District database to authorize that your child can be released to individuals who have been identified by you. In order for this information to be current, please update Final Forms as needed. Thank you.







### **Universal Pre-Kindergarten Health Screening Resources**

## Universal Pre-Kindergarten Health Screening Requirement Acknowledgement Form

Dear Parent(s)/Caregiver,

As part of the Universal Pre-Kindergarten program your child may be asked by the provider to have certain health screenings. These health screenings are not mandatory for UPK admission; however certain screenings may help prevent future problems with your child's health. Some of these screenings may be offered by your child's preschool. If not, a list of resources is attached for those screenings that may be provided by your child's preschool.

Thank you!

Below is a list of recommended screenings that may be asked for by the provider:

- Lead screening
- Hematocrit/Hemoglobin screening
- Dental screening
- Vision screening
- Hearing screening

Your signature below verifies that you are aware of the medical screenings your child needs; confirms that you received the necessary forms for your doctor or dentist to complete; and confirms that you received the list of ocal resources available to assist you with completing the medical screenings.					
Child's Name					
Parent/Caretaker	_	Date			
Site Manager/Representative	_	Date			

**Original to Parent** 

Copy to Child's File

#### Starting Point

#### 4600 Euclid Avenue Suite 500 Cleveland, Ohio 44103 (216) 575-0061

## ACKNOWLEDGEMENT OF RECEIPT OF THE NOTICE OF PRIVACY PRACTICES

I, the undersigned, acknowledge that I have received and have been given the opportunity to review the Cuyahoga County Universal Pre-Kindergarten Program Notice of Privacy Practices. I understand that I will be given additional copies of this Notice of Privacy Practices any time at my request.

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Preschool Provider:Glend	dale Primary School /Bedford	City Schools		
	ages 3 to 5 years (not in kind			
First Name	Middle Name	Last N	ame	Date of Birth
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		19		
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Nove of Devent/Cuerdien			(2)	
Name of Parent/Guardian				
Address				
				12
Telephone ()		()		
Home		Work		
Signature			Date	
8				
			100	
Print Name				
*				
Original: UPK/PRE4CLE file	Copy 1: Starting Point Attn: Julia Gart 4600 Euclid A	oer venue, Suite 500	Co	opy 2: Parent

Cleveland, OH 44103

RETURN







Application Date:					
Child's Name: First		Last		Birth Date:	
Gender: (Circle One) Male				own or Decline to Stat	
Race: (Circle One) American Ind Islander Other Unspecified	lian Asian White	Black or Africa	can American Mu	lti-racial/Biracial Na	tive Hawaiian/Other Pacifi
Hispanic/Latino: Yes/No				•	
Child's Primary Language: (Cir Language, French, Khmer, Korean,	cle one) Engli Middle Easter	sh, African La n Language. O	anguage, American ther, Romanian, Rus	Sign Language, Arab sian, Spanish, Turkish	nic, Dutch, Far East Asian , Vietnamese.
Parental Status: (Circle One)	One parent	Family	Two Parent Family	у	
Family Income* (required for families v	vho receives schol	arship)			
Number in FamilyNumber					
Primary Caregiver Name: F	irst	Middle	Last		Birth Date:
Gender: (Circle One) Male					
Race: (Circle One) American Indian				ti-racial/Biracial	
Native Hawaiian/Other Pacific Island	er Other 1	Unspecified W	/hite		
Child's Relationship: (Circle One)	Biologic	al/Adopted/S	tep Foster (	Grandchild Othe	er Other Relative
Address:		0			
City:					
Home Phone Number:				*	
Primary Caregiver's Primary Lang East Asian Language, French, Khmer,	uage: (Circle Korean, Midd	one) English, le Eastern Lang	African Language, guage. Other, Roman	American Sign Langu nian, Russian, Spanish	age, Arabic, Dutch, Far Turkish, Vietnamese.
Educational Level (Circle Highest	t One)	Er	nployment Status	: (Circle one)	
Associate's Degree Bachelor's Degree College Degree/Training Certificate			ll Time & Training		

College or Advanced Training
General Education Diploma

Grade 10 Grade 11

Grade 12

Grade 9 or less High School Graduate

Master's Degree

Homemaker

Part-time & Training

Part-time (under 35 hours a week or more)

Retired or Disabled

Seasonally Employed

Self Employed

Training or School

Unemployed





## Universal Pre-Kindergarten Child+ Application

\*\*\*\*\*\*Secondary caregiver is not mandatory; however if you want to enter a secondary caregiver you have to enter all the same data as for a primary caregiver.

### Secondary Caregiver:

High School Graduate

Master's Degree

Name: First Midd	la I.est		Rirth Date		
Tyanic. Phot	Dast		Dif th Date.		
Gender: (Circle One) Male	Female Nonbinary	Transgender	Unknown or Decline	to State	
Race: (Circle One) American Ind	ian Asian Black or	African America	n Multi-racial/Birac	cial	
Native Hawaiian/Other Pacific Island	nder Other Unsp	pecified White			
Child's Relationship: (Circle Or	ne) Biological/Ado	pted/Step	Foster Grandchild	Other	Other Relative
Address:		\			
City:	State:	Zip Code: _		_	
Home Phone Number:	Cell Pho	ne Number:		,	
Secondary Caregiver's Primary L East Asian Language, French, Khme					
Educational Level (Circle one)	\$ .	Employme	ent Status: (Circle o	ne)	-
Associate's Degree	2 °	Full Time &	& Training		
Bachelor's Degree		Full Time (	35 hours a week or m	ore)	
College Degree/Training Certification	te	Homemake	r		
College or Advanced Training		Part-time &	Training		
General Education Diploma	,	1	nder 35 hours a week	or more)	
Grade 10	* *	Retired or D		0. 11010)	
Grade 11 Grade 12		Seasonally I			
Grade 9 or less		,			
Olade 2 01 1688	1	Self Employ	cu		

Training or School

Unemployed