



To: Parents of Perspective Preschoolers

Subject: Application Process

The Summit Educational Service Center provides special education and public preschool programming for the districts of Copley-Fairlawn, Coventry, Cuyahoga Falls, Field, Manchester, Mogadore, Nardon Hills, Stow-Munroe Falls, Tallmadge and Woodridge. 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 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:

- Current proof of residency (Deed/Mortgage, Utility bill, Government document)
- 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 birth certificate
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STEP 2: Once the application is received

Placement will be on a first come, first serve basis. Your family will be notified when an opening the roster is available for your child. At that point, a registration packet will be sent to you.

STEP 3: Registration Completion

An acceptance letter will be sent home once your child gets accepted. You will be required to attend the registration round up in the spring or summer in order to complete the process. Dates and times will be scheduled with parents on an individual basis. **No child will start the program unless all registration documents are completed and turned in to the preschool office.**

The following items will be required to complete your child's registration:

- Immunization Records
- Health History Form
- Dental Form
- Emergency Medical Forms
- Photo Release and Roster Permission Form



Summit Preschool Sliding Fee/ Scholarship Request

Please Check: New Student Returning Student

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

- I. Please attach a copy of verification of your monthly or yearly income (i.e. pay stub or 2015 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 \$3,960 for each additional 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		\$ 11,880		\$ 17,820		\$ 23,760	
2		\$ 16,020		\$ 24,030		\$ 32,040	
3		\$ 21,160		\$ 30,240		\$ 40,320	
4		\$ 24,300		\$ 36,450		\$ 48,600	
5		\$ 28,440		\$ 42,660		\$ 56,880	
6		\$ 32,580		\$ 48,870		\$ 65,160	
7		\$ 36,730		\$ 55,095		\$ 73,460	
8		\$ 40,890		\$ 61,335		\$ 81,870	

Signature of Parent

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

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

Student Name:	Name of School:	Grade	Food stamp Number:	AFDC Number:

- 2. FOSTER CHILD:** List the child's monthly personal use income. Write "0" if the child has no personal use income. \$ _____
- 3. HOUSEHOLD MEMBERS AND MONTHLY INCOME:** IF you gave a food stamp or AFDC case number for each child, skip to PART 4.

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

- 4. 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 Adult Household Member