

NATRONA COUNTY SCHOOLS

Preschool Application Process

2018 - 2019

The Natrona County School District will offer preschool to children who are 3 and 4 years old by September 15th. Our NCSD Preschool Programs will be available in of our Title I schools which will include Bar Nunn, Cottonwood, Evansville, Journey, Lincoln, Midwest, Pineview, and Sagewood.

Parents or Guardians of preschool applicants MUST provide the following information before being accepted into our NCSD Preschool Programs. Please complete attached forms and be sure to include copies of the following:

- Completed NCSD Preschool Application Form . Completed TANF Preschool Enrollment Application for 2018 - 2019
- Child's Social Security Number
- Proof of Income for any adult in your home who is currently working (4 weeks pay stubs from most recent work completed.)
- Zero Income Verification Statement for any adult in your home who is not currently working.
- Proof of monthly Child Support, Welfare or Alimony payments (if applicable.)
- Proof of monthly Social Security or Retirement/Pension (if applicable.)
- Proof of any other income (if applicable.)
- Completed Preschool Home Language Survey
- Copy of Birth Certificate
- Copy of Immunization Records

Return your completed information to Mari Stoll at

mari_stoll@natronaschools.org or at the NCSD Central Services Offices, 970 N. Glenn Rd.

Our NCSD Preschool Programs are paid for with Title I and TANF Grants so priority is given to children with the most need financially or academically. Financial information helps us determine which children qualify for spots in our programs.

Families will be contacted by a NCSD preschool teacher or Mari Stoll about qualifications and placement.

The NCSD Preschool Programs are free of charge. Parents/Guardians are required to transport students to and from school, walk them into the school and sign them in or out daily. They are also asked to assist in preschool classrooms.

If you have questions, please contact the school of your choice or Mrs. Mari Stoll, Director of Differentiation and Early Childhood at 253-5434.

NCSD Preschool Application 2018- 2019

Student

Name _____

Nickname _____

Birthdate _____

Gender M F

Household:

Phone: Home _____

Email Address _____

Homeless: Yes No

Home Address _____

Mailing Address _____

Parent/Guardian: Household: Yes No

Name _____

Birthdate _____

Cell Phone _____

Email _____

Gender M F

Migrant Worker Yes No

Parent/Guardian: Household: Yes No

Name _____

Birthdate _____

Cell Phone _____

Email _____

Gender M F

Migrant Worker Yes No

Emergency Contact

Name _____

Phone _____

Email _____

Address _____

Gender M F

Preschool Choices:

(Number your top 3 choices.)

____ Bar Nunn

____ Cottonwood

____ Evansville

____ Journey

____ Lincoln

____ Midwest

____ Pineview

Time Preference:

____ Prefer morning class

____ Prefer afternoon class

____ No preference

Other Household Members

Name _____

Birthdate _____

Gender M F

Name _____

Birthdate _____

Gender M F

Name _____

Birthdate _____

Gender M F

TANF Preschool Location: _____

TANF PRESCHOOL ENROLLMENT APPLICATION 2018-2019

*Your child is applying to participate in a state preschool program. The information being gathered will be kept confidential and only used for the purpose of the TANF Preschool Reporting to the state. Thank You!
As a reminder: Proof of income must be attached and incomplete forms cannot and will not be accepted.*

Household Information

1. Name of Parent(s) or Guardian:		
2. Mailing Address:		
City: _____	State: _____	Zip Code: _____
3. Telephone: (_____) _____ - _____		
4. Child's Full Name:		
5. Child's Social Security Number _____ - _____ - _____		
6. Date of Birth: (mm/dd/yyyy) _____ - _____ - _____		
7. Place of Birth: City: _____ State: _____		
8. Income: (circle) a. Annual b. Monthly c. Bi-weekly d. Weekly		
9. Income Verified through: (circle) a. Wage stub b. 1040 or W-2-only for self-employed c. Other:		

PROOF OF INCOME MUST BE WITHIN 30 DAYS OF THE DATE OF APPLICATION AND DATED AFTER APRIL 1, 2018

Income, except from self-employment, must be **gross** (before any deductions) including taxes and Social Security). Income from self-employment, such as child care, should be **net**. Tax forms should be used for **self-employed persons only**.

To convert income to monthly: weekly income x 4.33; bi-weekly x 2.15; twice a month income x 2

Pay periods must be on income that shows one full month of pay. If no income is reported, a written, signed and dated statement of no earned income must accompany this form.

Please print the first and last names of everyone living in your household, including all adults and children. You may attach an additional sheet if needed.	age	monthly earnings from work	monthly child support, welfare, alimony	monthly SSI, Social Security, retirement pension	monthly all other income (specify source)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Certification Statement

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that agency officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. The signature on this application is that of an adult household member.

Signature _____ Today's Date (mm/dd/yyyy) _____

Have you completely filled in ALL sections, attached pay stubs and signed this form?	Yes	No
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Preschool Administrators: All Forms may be sent electronically and are due to C/O Thom Jones at the Wyoming Department of Education no later than September 15, 2018. Thank You!

Federal Income Guidelines, 2018-2019

Following are the 185% FPL monthly income guidelines effective 4/1/18:

Household Size	185% FPL	185% FPL
	Potential TANF eligible Monthly Income	Potential TANF eligible Yearly Income
1	1,871	22,459
2	2,537	30,451
3	3,203	38,443
4	3,869	46,435
5	4,535	54,427
6	5,201	62,419
7	5,867	70,411
8	6,533	78,403

For families/households with more than 8 persons, add \$7,992 / year for each additional person.

The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations, and may include contacting employers to determine income, contacting a food stamp, Indian tribal organization, welfare or Head Start office to determine current certification for receipt of food stamp, W-2 cash benefits, or participation in Head Start, contacting the state employment security office to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received.

Zero Income Verification Statement

Child's Full Name _____ Parent/Guardian: _____

I am signing this letter to declare that I currently do not have any income from any source. My financial support comes from:

I also receive assistance from:

SNAP

Medicaid

WIC

Other: _____

I understand that by completing, signing and dating this form, I declare that I have no income and that the information I am providing is correct. I understand that providing false information may result in denial of services.

Parent/Guardian Signature

Date



Preschool Home Language Survey

Child's Name _____ Date _____

Parent or Guardian's Name _____

Address _____ Phone Number _____

How many years has your child attended school? _____

What language did your child learn when he/she first began to talk? _____

What language does your child most frequently speak at home? _____

What language is spoken by you and your family most of the time at home?

Was your child born in the United States?

Yes No

If no, what country was your child born in? _____

What is the date that your child came to the United States? _____

Has your child attended school in the US for three years? _____

Of the following languages available, which language would you prefer to receive communication from the school?

English

Spanish

Please circle if your child is

- A. Native American Indian
- B. Alaska Native
- C. Native Pacific Islander
- D. Native US Virgin Islander

Mrs. Mari Stoll
Director of Differentiation and Early Childhood
(307) 253-5434