

**WOODFORD COUNTY BOARD OF EDUCATION  
AGENDA ITEM**

**ITEM #:** 1XJ **DATE:** March 8, 2019

**TOPIC/TITLE:** Preschool/Preschool Extended Program (PEP) and ETC Registration form and fees

**PRESENTER:** Kathy Hogg

**ORIGIN:**

- ☐ TOPIC PRESENTED FOR INFORMATION ONLY (No board action required.)  
☒ ACTION REQUESTED AT THIS MEETING  
☐ ITEM IS ON THE CONSENT AGENDA FOR APPROVAL  
☐ ACTION REQUESTED AT FUTURE MEETING: (DATE)  
☐ BOARD REVIEW REQUIRED BY

- ☐ STATE OR FEDERAL LAW OR REGULATION  
☐ BOARD OF EDUCATION POLICY  
☐ OTHER:

**PREVIOUS REVIEW, DISCUSSION OR ACTION:**

- ☐ NO PREVIOUS BOARD REVIEW, DISCUSSION OR ACTION  
☐ PREVIOUS REVIEW OR ACTION

- ☐ DATE:  
☐ ACTION:

**BACKGROUND INFORMATION:**

**SUMMARY OF MAJOR ELEMENTS:**

Preschool-only tuition fees have not risen since 2007. Increase needed due to less tuition slots forecasted to be available next year as well as increase in employee benefits costs. See fee chart and cover sheet.

Preschool Childcare ( Preschool Extended Program) forecasted to have less than \$3000 balance at end of school year. This is less than the amount needed to provide a cushion for enrollment fluctuations. Extra funds are also needed to cover increase in employee benefit costs next year for classified staff. PEP fees have been increased yearly for the past 7 years. See fee chart and cover sheet.

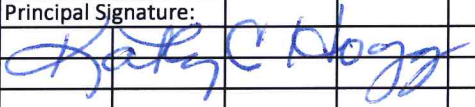
No changes are recommended for ETC fees at this time. The carry-forward should cover increased benefit costs for classified employees next year.

**IMPACT ON RESOURCES:** Incease needed to minimize use of district funds in preschool program.

**TIMETABLE FOR FURTHER REVIEW OR ACTION:** asap

**SUPERINTENDENT'S RECOMMENDATION:** ☒ Recommended ☐ Not Recommended

*Kathy Hogg 3-11-19*

		<b>School:</b> Explorer Time Company ( ETC )					
<b>Student Fees/Dues for School Year 2019-2020</b>							
Full Time After School Care Tuition				\$	157.50	mo	
Full Time After School Care Tuition( sibling discount)				\$	140.00	mo	
Part Time After School Care Tuition( no sibling discount)				\$	10.00	day	
Full Day Tuition( snow days, NTI day, Professional Day)				\$	28.00	day	
Full Day Tuition ( sibling discount)				\$	25.00	day	
Materials/Registration Fee					\$20.00	per family/year	
Late Payment Fee					\$20.00	after 10 days late	
Late PickUp Fee					\$1.00	per minute late	
Student T-shirt				up to	\$10.00	(used only in Summer)	
Field Trip Fee				up to	\$20.00	(used only in Summer)	
Summer ETC Daily Rate					\$28.00	(\$140 week)	
Summer ETC Daily Rate- Sibling Discount					\$25.00	(\$125 week)	
Summer Registration Fee					\$20 /per Family if new to program		
Principal Signature:				Date:			
				3-9-19			

EXPLORER TIME COMPANY (E.T.C) 2019-2020  
830 Tyrone Pike  
Versailles Kentucky 40383  
(859) 621-1621

Explorer Time Company is a nonprofit after school program which operates at all four of Woodford County's elementary schools. Each site is state licensed and has been a STARS rated facility since 2010.

Two statuses are offered- Full time, which is everyday after school and Part time, which is as needed only. Full time students are given priority and tuition is expected regardless of the number of days your child attends each month.

**Part time is to be paid prior to services.**

The registration form must be complete upon submission or it will be returned to you. You must submit a current immunization certificate upon registration or your forms will not be accepted. (If your child was with ETC last year we will still have that on file as long as it is current.)

**\*\*\*Prices reflect tuition for the 2018-2019 school year.  
Prices are subject to change for the next school year.**

**Yearly Registration fee: \$20.00 per family to be paid upon registration**

	<b>Full Time</b>		
After school only	1 child	\$158.00	monthly
After school only	2 children	\$ 298.00	monthly
After school only	3 children	\$ 438.00	monthly

**Part time    \$ 10.00 per day/ per child    No discount given for part time siblings**

**Contact Information**

<b>Southside ETC 753-7210</b>	<b>Huntertown ETC 753-7609</b>
<b>Simmons ETC 753-7705</b>	<b>Northside ETC 753-7163</b>

**Program Manager Sharon Cole 621-1621**

*Please make checks or money order to ETC. Registrations and payments can be mailed to:  
830 Tyrone Pike Versailles Kentucky 40383 Attention: Sharon Cole*  
Questions or additional information can be addressed to: sharon.cole @ woodford.kyschools.us

# EXPLORER TIME COMPANY

## 2019-2020

Woodford Community Education Center  
830 Tyrone Pike  
Versailles Ky. 40383 (859)879-4628

### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Child resides with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_  
School \_\_\_\_\_ Teachers Name \_\_\_\_\_  
Allergies \_\_\_\_\_ Daily Meds \_\_\_\_\_

### Primary Guardian

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Employed@ \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
Email address \_\_\_\_\_

### Secondary Guardian

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Employed@ \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
Email address \_\_\_\_\_



## EXPLORER TIME COMPANY

### Family Information

Please check what status your child will be: Full Time \_\_\_\_ Part Time \_\_\_\_

I will be paying: Monthly \_\_\_\_ Weekly \_\_\_\_ Bi Weekly \_\_\_\_

\_\_\_\_ Yes My family has participated in ETC before \_\_\_\_ No My family has not participated in ETC before

\_\_\_\_ Yes My child can be photographed/video \_\_\_\_ No My child may not be photographed/video

\_\_\_\_ Yes My child may watch PG rated movies \_\_\_\_ No My child may not watch PG rated movies

\_\_\_\_ Yes My child may have internet access \_\_\_\_ No My child may not have internet access

\_\_\_\_ Yes My child has an IEP/504 or behavior plan \_\_\_\_ No My child does not have an IEP/504 or behavior plan

### Emergency /Medical Information

I \_\_\_\_\_ the lawful parent or guardian of \_\_\_\_\_, a minor child of whom I have custody and control, do hereby authorize the agents and employees of the Woodford County Board of Education to procure such emergency medical treatment as may be reasonably necessary to provide for the health and wellbeing of said minor child at any time that such minor is in the custody of said Woodford County Board of Education employee while in attendance at school, in attendance at the Explorer Time Company enrichment program, or while in route to or from a school.

I further authorize the said agents or employees of the Woodford County Board of Education to sign any and all consents required by physicians or hospitals in connection with said emergency treatment, including but not limited to the administration of anesthesia, disposal of tissue, the taking of photographs, moving pictures, television pictures, etc, the drawing of blood samples, and the performance of such additional operations or procedures as are considered necessary or desirable in the judgment of the attending physician or hospital authorities.

In connection herewith, the Woodford County Board of Education agrees that it will direct its agents and employees to make a reasonable attempt to contact the parent or guardian of the child if emergency medical care or treatment is necessary and that the above authorization and consent is for the purpose of providing emergency care and treatment for the child when the parent or guardian cannot be located.

#### Emergency Contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ (Must list a specific hospital)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## EXPLORER TIME COMPANY

Pick up list

### AUTHORIZATION FOR CHILD DEPARTURE

The following persons have been given permission to pick up my child from the Explorer Time Company (ETC) enrichment program.  
(Please make sure they know they will need to have a picture ID available)

Name	Relationship	Phone Number

(If there is a guardianship or custody agreement, copies of the court documents must be on file with ETC).

Only those persons listed above may pick up the child named. I understand that if conditions change and names need to be added or deleted to this list, it is the parents' responsibility to notify ETC in writing in a timely manner.

I understand that I being the lawful parent or guardian of the child registered with ETC am solely responsible for all payments. I have been provided a copy of the handbook which outlines the policies and expectations of the program.

I understand that the laws that govern Kentucky Child Care license require Explorer Time Company to have a current immunization certificate accompany all registrations.

*(If your child participated with ETC the previous year and the certificate hasn't expired we will still have that on file. If it has expired you will be expected to provide a current one upon registration.)*

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

# EXPLORER TIME COMPANY

## Special Notes/Concerns of Your Child

Please tell us about your child's major strengths and weaknesses in terms of personal qualities, social skills and proficiencies. Please feel free to write separately with additional information or concerns you might have, which will help us to provide the best possible enrichment experience for you child.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Explorer Time Company Summer 2019

830 Tyrone Pike  
Versailles Kentucky 40383  
(859)879-4628



### **Come join us for a summer of fun and adventure as we travel "AROUND THE WORLD IN 40 DAYS"**

Explorer Time Company's summer program will start on May 28<sup>th</sup> and run through July 26<sup>th</sup>.  
The location will be Simmons Elementary. **The program is closed the week of July 1<sup>st</sup> – 5<sup>th</sup>.**  
Early registration fee (Received by May 1<sup>st</sup>) is \$15.00 per family. Registration fee after May 1<sup>st</sup> is \$20.00 per family.

**There is no registration fee for families who were registered with us during the 2018-2019 school year.**

The hours of operation are 7am – 6pm.

Breakfast and lunch will be provided along with an afternoon snack according to the district summer food program calendar.

#### *Tuition*

<i>1<sup>st</sup> child</i>	<i>\$140.00 a week</i>
<i>2<sup>nd</sup> child (sibling discount)</i>	<i>\$125.00 a week or \$265.00 a week for both</i>

**All Weeks must be reserved 1 week prior to services and are non-refundable**

**Deposit of 1 week will be due by May 10<sup>th</sup> and will be applied to your last week of summer tuition**

Community Education Office 879-4628  
Sharon Cole- Program Manager 621-1621



# EXPLORER TIME COMPANY SUMMER 2019

Woodford Community Education Center  
830 Tyrone Pike  
Versailles Ky. 40383 (859)879-4628

## Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Child resides with: Mother \_\_\_\_\_ Father \_\_\_\_\_ other \_\_\_\_\_  
School \_\_\_\_\_ Teachers Name \_\_\_\_\_  
Allergies \_\_\_\_\_ Daily Meds \_\_\_\_\_

## Primary Guardian

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Employed@ \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
Email address \_\_\_\_\_

## Secondary Guardian

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Employed@ \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
Email address \_\_\_\_\_

EXPLORER TIME COMPANY

- ☐ My child has permission to go down the slide at Falling Springs pool  
☐ My child does not have permission to go down the slide at Falling Springs pool

Emergency /Medical Information

I \_\_\_\_\_ the lawful parent or guardian of \_\_\_\_\_, a minor child of whom I have custody and control, do hereby authorize the agents and employees of the Woodford County Board of Education to procure such emergency medical treatment as may be reasonably necessary to provide for the health and wellbeing of said minor child at any time that such minor is in the custody of said Woodford County Board of Education employee while in attendance at school, in attendance at the Explorer Time Company enrichment program, or while en route to or from a school.

I further authorize the said agents or employees of the Woodford County Board of Education to sign any and all consents required by physicians or hospitals in connection with said emergency treatment, including but not limited to the administration of anesthesia, disposal of tissue, the taking of photographs, moving pictures, television pictures, etc, the drawing of blood samples, and the performance of such additional operations or procedures as are considered necessary or desirable in the judgment of the attending physician or hospital authorities.

In connection herewith, the Woodford County Board of Education agrees that it will direct its agents and employees to make a reasonable attempt to contact the parent or guardian of the child if emergency medical care or treatment is necessary and that the above authorization and consent is for the purpose of providing emergency care and treatment for the child when the parent or guardian cannot be located.

Emergency Contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ (Must list a specific hospital)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## EXPLORER TIME COMPANY

Pick up list

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(Please make sure they know they will need to have a picture ID available)

Name	Relationship	Phone Number

(If there is a guardianship or custody agreement, copies of the court documents must be on file with ETC).

Only those persons listed above may pick up the child named. I understand that if conditions change and names need to be added or deleted to this list, it is the parents' responsibility to notify ETC in writing in a timely manner.

I understand that I being the lawful parent or guardian of the child registered with ETC am solely responsible for all payments. I have been provided a copy of the handbook which outlines the policies and expectations of the program.

I understand that the laws that govern Kentucky Child Care license require Explorer Time Company to have a current immunization certificate accompany all registrations.

*(If your child participated with ETC the previous year and the certificate hasn't expired we will still have that on file. If it has expired you will be expected to provide a current one upon registration.)*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date:

## EXPLORER TIME COMPANY

I \_\_\_\_\_, the lawful parent of \_\_\_\_\_ am solely responsible for all payments for tuition for ETC. I understand that for summer ETC I will be required to pay tuition for my child in advance and that there will be no refunds if my child does not attend. (Unless there is an emergency situation, which is left up to the discretion of the ETC director or program manager.)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please circle the correct size shirt for your child.

Small    Med.    Large    Small adult    Med. Adult    Large adult

<input type="checkbox"/> Yes My family has participated in ETC before	<input type="checkbox"/> No My family has not participated in ETC before
<input type="checkbox"/> Yes My child can be photographed/video	<input type="checkbox"/> No My child may not be photographed/video
<input type="checkbox"/> Yes My child may watch PG rated movies	<input type="checkbox"/> No My child may not watch PG rated movies
<input type="checkbox"/> Yes My child may have internet access	<input type="checkbox"/> No My child may not have internet access
<input type="checkbox"/> Yes My child has an IEP/504 or behavior plan	<input type="checkbox"/> No My child does not have an IEP/504 or behavior plan



# Woodford Co. Public Schools

**School:** Woodford Co Preschool  
**Student Fees/Dues for School Year 2019-2020**

[illegible]

Principal Signature

3-8-19  
Date

# Woodford County Preschool

830 Tyrone Pike  
Versailles, Kentucky 40383  
859-879-4699

Huntertown   Northside   Simmons   Southside

February 28, 2019

Changes and updates to the Preschool Registration packet:

- Birthdate added for the Guardian information/Pick-up contacts.
- Wording on Fee Pay Agreement to include Annual Tuition amount.

Fee Increases:

- Tuition to increase for Preschool from \$215.00 to \$220.00 per month (\$1935.00 to \$1980.00 annually)
- Tuitions to increase for PEP from \$380.00 to \$390.00 per month (\$3800.00 to \$3900.00 annually)
- Combined will be \$5880.00 annually from \$5735.00. \$588.00 monthly payment over 10 months.

PEP tuition has increased between \$5.00-\$15.00 per year for the past 7 years. Due to salary increases for staff, have annually increased PEP fees.

Preschool fees have only changed once since 2006. The 2006-2007 SY Preschool Tuition was \$200.00. For the 2007-2008 SY, Preschool Tuition was increased by \$15.00 to the current rate of \$215.00. Preschool tuition has held at \$215.00 for 12 years.

# Woodford County Preschool

830 Tyrone Pike

Versailles, Kentucky 40383

859-879-4699

clarita.murphy@woodford.kyschools.us

Huntertown   Northside   Simmons   Southside





## Preschool Enrollment 2019-20

**The Woodford County Preschool offers FREE preschool for children who are 3 & 4 years of age and identified with a developmental delay. A child who is 4 years old before August 1st may qualify for FREE preschool under income. Children who do not qualify may enroll under tuition if available.**

- \_\_\_\_\_ I would like to schedule a screening appointment for my child.
- \_\_\_\_\_ I would like to enroll my child under Income Qualifications for the 2019-20 School Year
- \_\_\_\_\_ I would be interested in enrolling my child under tuition for the 2019-20 School Year.
- \_\_\_\_\_ I would be interested in the PEP program for my child for the 2019-20 School Year.  
(Located at Simmons Elementary only. Limited to 20 children.)

### **Please return with registration packet.**

The following documents are required for school enrollment. Please submit with registration form or prior to starting school.

-  Birth Certificate
-  Immunization Certificate
-  School Entry Physical
-  Proof of Residency

Required by January 1<sup>st</sup>:

-  KY Eye Exam

If Applicable:

-  Custody/Guardianship Documents
-  Copy of Social Security Card

### **Tuition:**

Preschool Only:	\$1980.00 annually or 9 monthly payments of \$220.00.
PEP Only:	\$3900.00 annually or 10 monthly payments of \$390.00.
Preschool & PEP:	\$5880.00 annually or 10 monthly payments of \$588.00

**WCPS Student Registration Form****PERSONAL INFORMATION (Regarding Pre-School: KRS 157.3175 requires no duplication of services with Head Start)**

Student's Legal Name: \_\_\_\_\_  
 (Last) (First) (Middle) SS#(not required)

Residence Address: \_\_\_\_\_  
 (Street) (Apt. #/Fire Gate #) (City) (Zip Code)

Mailing Address (if different from above): \_\_\_\_\_  
 (include P.O. Box # if applicable)

Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ☐ M ☐ F

Ethnicity Select one : ☐ Hispanic ☐ Non Hispanic Grade \_\_\_\_\_

Race: Select all that apply: ☐ Caucasian/White ☐ African American/Black ☐ Asian  
☐ American Indian or Alaskan Native ☐ Native Hawaiian or other Pacific Islander

Last school Attended: \_\_\_\_\_ City/State: \_\_\_\_\_

Person Completing this form - Must be parent or legal guardian (please print) \_\_\_\_\_ Date Completed \_\_\_\_\_  
 Photo ID Provided: \_\_\_\_\_

**FAMILY INFORMATION: PLEASE PROVIDE THE FOLLOWING INFORMATION:****Student Lives With:**

☐ Mother/Father ☐ Mother ☐ Father ☐ Grandparents ☐ Guardian  
☐ Stepfather/Mother ☐ Stepmother/Father ☐ Foster Parents ☐ Other \_\_\_\_\_

Father's Information:	Mother's Information:	Other:
Name: _____	Name: _____	Name: _____
Birth Date: _____	Birth Date: _____	Birth Date: _____
Address: _____	Address: _____	Address: _____
Cell Phone: _____	Cell Phone: _____	Cell Phone: _____
Work Place: _____	Work Place: _____	Work Place: _____
Work Phone: _____	Work Phone: _____	Work Phone: _____
E-Mail: _____	E-Mail: _____	E-Mail: _____
Previous Woodford Co Student: <input type="checkbox"/> Y <input type="checkbox"/> N	Previous Woodford Co Student: <input type="checkbox"/> Y <input type="checkbox"/> N	Previous Woodford Co Student: <input type="checkbox"/> Y <input type="checkbox"/> N

**One Call Now** An automated calling system for School Cancellation, etc. List numbers you would like included in this service.  
 \_\_\_\_\_

**CONTINUE ON BACK**

**OFFICE USE ONLY:** School: \_\_\_\_\_ Enrolled: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_  
 T-Code: \_\_\_\_\_ Bus #: AM \_\_\_\_\_ PM \_\_\_\_\_

**It is the responsibility of the parent or guardian to inform the school as changes occur to information on this document.**



**VERY IMPORTANT: Please List ALL children living in the household**

Name	Birthdate	School Attending ( if applicable)

**REQUIRED CONTACT INFORMATION** - List two contacts **(OTHER THAN PARENTS)** who may pick up your child in the event you cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

**Pick up restrictions: (Note: If biological parent is restricted, court documentation is required.)**

**CHILD CARE INFORMATION (If applicable)**

☐ Before school

☐ After school

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH INFORMATION**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

List any health problems or allergic reactions:

List medications your child will need to take while at school (contact school office for guidelines):

**EMERGENCY RELEASE**

*I give permission for \_\_\_\_\_ to be taken by school personnel, nurse, or by ambulance, if necessary, to Dr. \_\_\_\_\_ or \_\_\_\_\_ hospital for EMERGENCY treatment in the event I cannot be located. I will be responsible for all fees incurred.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADDITIONAL INFORMATION NEEDED**

Resident of Woodford County ☐ 0-3 years ☐ 4 or more years

Is any parent/guardian employed in an agricultural related field? ☐ Y ☐ N

List any activities to be restricted because of religious reasons:

**It is the responsibility of the parent or guardian to inform the school as changes occur to information on this document.**

# WOODFORD COUNTY PRESCHOOL

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## Additional Preschool Information needed

Is your child toilet trained?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Partially

Children should be toilet trained to begin Preschool. Exceptions will be made upon approval of the director. Children are not to come to preschool wearing diapers or pull-ups. Extra clothes and underwear from home should be available at all times in case of accidents.

Preschool session preference: \_\_\_\_\_ Morning      \_\_\_\_\_ Afternoon

Preferences are not guaranteed and session determination may be based on transportation.

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## Attendance

Preschool attendance is not mandatory in Kentucky, however those students who are enrolled in the Woodford County Preschool program are expected to attend regularly. Absences that are determined excused can be found in the Woodford County Schools Code of Acceptable Behavior and Discipline. Test scores consistently prove that students with high attendance are more successful learners.

### **Preschool Attendance Policy:**

- **A child who is determined eligible for free preschool under Income Eligibility or Developmental Delay is expected to attend preschool regularly.**
- **A child who is absent from preschool should present a note upon return explaining the nature of the absence .**
- **If the student will be absent for more than 2 days, the parent or guardian should contact the preschool or teacher informing them of the nature of the absence.**
- **A child may be withdrawn from preschool if absences are significant. Re-enrollment will be determined by the director on a case by case basis.**

I have reviewed and understand the Woodford County Preschool enrollment and attendance policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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# WOODFORD COUNTY PRESCHOOL TRANSPORTATION FORM

To be completed by school personnel:	
HT ____	SIM ____
NSE ____	SSE ____
AM ____	PM ____

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- \* Preschoolers are transported on the same buses as other students in their neighborhood during morning and afternoon routes, with preschool only buses during midday routes.
- \* Bus Monitors are on all buses that transport preschoolers, but may not be on all district buses.
- \* Students attend the school based on residence unless transportation needs are in another district.
- \* Pick-up and Drop-off must be in the same school district.
- \* Preschoolers are to be released Hand to Hand at pick-up and drop-off.

☐ My child **WILL NOT** need to be transported by school bus. I will provide transportation.

☐ My child **WILL** need to be transported by the school bus.

**Address child gets ON bus:**

To be completed by school personnel:

	Date:
	Date:

**Address child gets OFF bus:**

To be completed by school personnel:

	Date:
	Date:

Firegate # (if applicable): \_\_\_\_\_

**Individual to whom child may be released:**

Please list two (2) or more names & telephone numbers (include parent/guardian)

Name	Phone Number	Relationship
_____	# _____	_____
_____	# _____	_____
_____	# _____	_____
_____	# _____	_____
_____	# _____	_____
_____	# _____	_____
_____	# _____	_____

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## HOUSEHOLD AND INCOME FORM

To determine eligibility for KERA preschool and various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return this application to the Woodford County Preschool Program, 830 Tyrone Pike, Versailles, Kentucky 40383.

### PART 1. ALL HOUSEHOLD MEMBERS

Names of <u>all</u> people living in your household (First, Middle Initial, Last)	School the child attends, or indicate "NA" if household member is not in school	Grade Level	Check if a foster child (legal responsibility of welfare agency or court) If <u>all</u> children listed below are foster children, <b>skip to Part 5</b> to sign this form.	Check if <b>NO</b> income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

### PART 2. BENEFITS

If **any** member of your household receives **SNAP** or **KTAP**, provide the name and case number for the person who receives benefits and **skip to part 5**. If no one receives these benefits, go to Part 3.

NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

### PART 3. HOMELESS, MIGRANT, RUNAWAY STATUS

If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call the preschool 879-4699.

HOMELESS ☐ MIGRANT ☐ RUNAWAY ☐

**PART 4. TOTAL HOUSEHOLD GROSS INCOME** (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once. If you provided a case number in Part 2, you do **not** need to provide income information.

1. NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (indicate frequency, such as "weekly" "every 2 weeks", "monthly")
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50 / <u>monthly</u>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____

### PART 5. SIGNATURE (ADULT HOUSEHOLD MEMBER MUST SIGN)

An adult household member must sign the form.

*I certify (promise) that all information on this form is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose benefits.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_



### Privacy Notice

The Kentucky Department of Education is requiring schools to collect the information on this form. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**Non-Discrimination Statement:** In accordance with Federal Law and U.S. Department of Education policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write U.S. Department of Education, Office for Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215) 656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.

### CHECKLIST

- ☐ Have you included all your children as household members?
- ☐ For each household member receiving income, is the frequency checkbox checked?
- ☐ Have you signed the application?

### DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

*Annual Income Conversion:* Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24; Monthly x 12

Total Income: \_\_\_\_\_ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice A Month ☐ Month ☐ Year Household size: \_\_\_\_\_

Eligibility: 160% poverty\_\_\_ Special Education\_\_\_ Head Start\_\_\_ Over Income\_\_\_

Reason (160% poverty; Special Education; Head Start (if applicable); Over Income): \_\_\_\_\_

Preschol Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

Secondary Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Woodford County Preschool & PEP

## 2019-20 Fee-Paying Agreement

Child's Name: \_\_\_\_\_

**Tuition for Preschool Only is based on a 9 month payment plan.**  
**Tuition for Preschoolers in PEP is based on a 10 month payment plan.**

**Please check the appropriate paragraph:**

☐ **My child is eligible for Free Preschool.** I have completed the appropriate forms. I understand that if my child is attending preschool under RTI, that at the end of the RTI period my child's preschool enrollment status may change.

☐ **Preschool Only. Annual Tuition \$1980.00 or 9 Monthly payments of \$220.00.** I understand that my child is enrolled in the Tuition Preschool program. Tuition is charged on a monthly basis and must be paid for September through May. I understand that fees are to be paid on the 1st day of each month, beginning with September 1, 2019 through May 1, 2020. I understand that fees must be paid even if my child is absent. I understand that meals are NOT included in the tuition.

☐ **PEP Only. Annual Tuition \$3900.00 or 10 Monthly payments of \$390.00.** I understand that my child is eligible for free Preschool and is enrolled in the PEP Program (daycare) at Simmons Elementary. I understand that fees are charged on a monthly basis. Fees must be paid for on the first day of each month beginning with August 6, 2019 through May 1, 2020. I understand that fees must be paid even if my child is absent. I understand that meals are NOT included as part of the PEP fee. I understand that if I have not arrived by the posted closing time to pick up my child in PEP, I will be charged \$15.00 for each 15 minutes late (fees pay for staff overtime salaries). Late fee payments are due within 2 days.

☐ **Preschool & PEP. Annual Tuition \$5880.00 or 10 Monthly payments of \$588.00.** I understand that my child is enrolled in both the Tuition Preschool program and PEP Program (daycare) at Simmons Elementary. I understand that fees are charged on a monthly basis. Fees must be paid on the first day of each month beginning with August 6, 2019 through May 1, 2020. I understand that tuition must be paid even if my child is absent. I understand that meals are NOT is not included as part of the Preschool/PEP fees. I understand that if I have not arrived by the posted closing time to pick up my child in PEP, I will be charged \$15.00 for each 15 minutes late (fees pay for staff overtime salaries). Late fee payments are due within 2 days.

*Fees must be paid on the 1st day of each month at the Preschool Office located at Simmons Elementary. Check or Money Orders may be mailed, cash can only be accepted during office hours. Credit/Debit cards are not accepted. A late fee of \$20.00 will be added to accounts that are not paid by the 10th of each month. Late fee will also apply to late pick-up fees not paid on time. Returned checks will be given to school district for collection and fee assessment. Failure to pay fees will result in your child being removed from the Preschool/PEP program as well as the implementation of the collection process.*

**I agree to pay all fees in full by the 1st of each month. I understand that if I fail to meet my obligation, my child may be removed from the fee-paying program which he or she is enrolled.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# WOODFORD COUNTY PRESCHOOL 2019-2020 CALENDAR

Preschool Classes are Monday-Thursday.

August 8-20	Preschool Home Visits
August 21	Preschool Classes Begin
September 2	Labor Day-No Preschool Classes
September 18	Early Release Day- No Preschool Classes
Sept 30-Oct 4	Fall Break
October 23	Early Release Day- No Preschool Classes
November 4	Professional Learning Day/No Preschool Classes
November 5	Election Day-No Preschool Classes
November 27	No Preschool Classes (Professional Development)
November 28 & 29	Holiday/Thanksgiving
December 20	Last Day Before Winter Break
Dec. 21 - Jan. 5	Winter Break
January 6	Preschool and PEP Reopen
January 20	Holiday/Martin Luther King, Jr. Day-No Preschool Classes
February 17	No Preschool Classes (make-up day if 3 snow days before 2/1)
March 20	No Preschool Classes (possible make-up snow day)
Mar 30- Apr 3	Spring Break
April 15	Early Release Day- No Preschool Classes
May 14	Last Day for Preschool Students*

**Note:** No Preschool Woodford County Schools are closed due to inclement weather.

Preschool will also offer Non-Traditional Instruction Day (NTI) when deemed by Superintendent

Preschool sessions may be canceled due to delays or early releases. Please listen fully to district calls.

## MAKE-UP DAYS\*\*

Day 1 - May 18	Day 6 - May 26
Day 2 - May 20	Day 7 -May 27
Day 3 - Feb 17 (if miss 3 days prior to 2/1)	Day 8 -May 28
Day 4 - March 2	Day 9 - June 1
Day 5 - May 21	Day 10 - June 2

**\*\*** Some Fridays may be used to make-up Preschool days missed due to inclement weather.

Make-up days are determined by the Woodford County School Board.

**\*** Calendar is subject to change by approval of the Board of Education

# WOODFORD COUNTY PRESCHOOL

## 2018-19 PEP CALENDAR

**Highlighted dates indicate days PEP is Closed.**

August 6	Preschool Extended Program (PEP) Begins
August 8-20	Preschool Home Visits
August 21	Preschool Classes Begin
September 2	Labor Day -PEP CLOSED
September 18	Early Release Day- No Preschool Classes
Sept 30-Oct 4	Fall Break-PEP CLOSED
October 23	Early Release Day- No Preschool Classes
November 4	Professional Learning Day/No Preschool Classes
November 5	Election Day
November 27	No Preschool Classes-PEP CLOSED
November 28 & 29	Holiday/Thanksgiving -PEP CLOSED
December 20	Last Day Before Winter Break
Dec. 21 - Jan. 5	Winter Break-PEP CLOSED
January 6	Preschool and PEP Reopen
January 20	Holiday/Martin Luther King, Jr. Day-No Preschool Classes-PEP CLOSED
February 17	No Preschool Classes-PEP CLOSED (make-up day if 3 snow days before 2/1)
March 2	No Preschool Classes (possible make-up snow day)
Mar 30- Apr 3	Spring Break - PEP CLOSED
April 15	Early Release Day- No Preschool Classes
May 14	Last Day for Preschool*
May 18	No Preschool/PEP OPEN (possible PK make-up snow day)
May 19	Election Day
May 20	No Preschool/PEP OPEN (possible PK make-up snow day)
May 21	Closing Day/Last Day for PEP

**Note:** When Woodford County Schools are closed due to inclement weather, PEP is closed also.  
**If school is closed and it is a Non-Traditional Instruction Day (NTI) PEP WILL BE OPEN.**

### **MAKE-UP DAYS\*\***

Day 1 - May 18  
 Day 2 - May 20  
 Day 3 - Feb 17 (if miss 3 days prior to 2/1)  
 Day 4 - March 2  
 Day 5 - May 21

Day 6 - May 26  
 Day 7 - May 27  
 Day 8 - May 28  
 Day 9 - June 1  
 Day 10 - June 2

**\* Calendar is subject to change by approval of the Board of Education**

**\*\* Some Fridays may be used to make-up Preschool days missed due to inclement weather.**

**Make-up days are determined by the Woodford County School Board.**