WOODFORD COUNTY BOARD OF EDUCATION
AGENDA ITEM

ITEM #: XH **DATE:** March 6, 2020

TOPIC/TITLE: PRESCHOOL TUITION CHANGES

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:

Since its inception, the preschool program has allowed enrollment of non-eligible 3 and 4 year old children as space allows

SUMMARY OF MAJOR ELEMENTS:

The enrollment of eligible preschool students has increased steadily, substantially during the last year and this year(chart attached). For the last two years we have used almost every slot available and had to add a new classroom in March 2019. We need to make room for projected increases next year and propose to eliminate tuition enrollment for 3 year old children. 4 year old children could still enroll on a space available basis for 2020-21.

IMPACT ON RESOURCES: loss of some tuition income @ $220 per month

TIMETABLE FOR FURTHER REVIEW OR ACTION: ASAP before 20-21 registratoin begins in April

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

Kathy C. Hogg 3-6-2020

WOODFORD COUNTY BOARD OF EDUCATION
AGENDA ITEM

ITEM #: **DATE:** March 5, 2020

TOPIC/TITLE: Approval of Preschool and After School Care Forms

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:

Approval of forms for 20-21 to prepare for registration and enrollment beginning in April 2020. Two versions are presented depending on programming and rate decisions on this month's agenda. Minor changes in enrollment form to match district form.

IMPACT ON RESOURCES: NA

TIMETABLE FOR FURTHER REVIEW OR ACTION: ASAP so registration can begin in April 2020

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

Kathy C Hogg 3-6-2020

Version 1
no 3yr old tuition

Woodford County Preschool

830 Tyrone Pike
Versailles, Kentucky 40383
859-879-4699
preschool@woodford.kyschools.us

Huntertown Northside Simmons Southside

Preschool Enrollment 2020-21

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. 4 year olds who do not qualify for preschool 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 2020-21 School Year

_____ I would be interested in enrolling my child under tuition for the 2020-21 School Year.

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 1st:

- KY Eye Exam

If Applicable:

- Custody/Guardianship Documents
- Copy of Social Security Card

Tuition:

Tuition is only available for **4 year olds** or children who do not qualify under RTI.

Preschool: $1980.00 annually or 9 monthly payments of $220.00.

School Year 2020-21

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 _____

Biological/Adoptive Parent's Information	**Biological/Adoptive Parent'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: ☐ Y ☐ N	**Previous Woodford Co Student:** ☐ Y ☐ N	**Previous Woodford Co Student:** ☐ Y ☐ 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

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.

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: _____

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.
* Preschoolers can only ride buses that have a Bus Monitor. Not all buses have monitors. Transportation requests may have a delayed start date due to adding a monitor to a bus.
* Students attend the school based on residence unless transporation 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

Woodford County Preschool
2020-21 Fee-Paying Agreement

Child's Name: _____

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. I understand that there is a charge for meals unless my child is eligible for Free lunch, which I have completed and returned the Free/Reduced Lunch Application.

☐ **Preschool. 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, 2020 through May 1, 2021. I understand that fees must be paid even if my child is absent. I understand that meals are NOT included in the tuition.

Fees must be paid at the Preschool Office located in 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. 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 program as well as the implementation of the collection process.

I agree to pay all fees in full by the 1st day of the payment plan. 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*

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 all 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 all children listed below are foster children, **skip to Part 5** to sign this form.*	*Check if NO income*
			❑	❑
			❑	❑
			❑	❑
			❑	❑
			❑	❑
			❑	❑
			❑	❑

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")
(Example) Jane Smith	$200	☒	☐	☐	☐	$150	☐	☒	☐	☐	$0	☐	☐	☐	☐	$50 / monthly
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /

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
2020-2021 CALENDAR

Preschool Classes are Monday-Thursday.

August 13-28	Preschool Home Visits
August 31	Preschool Classes Begin
September 7	Labor Day-No Preschool Classes
September 16	Early Release Day- No Preschool Classes
Oct 5-Oct 9	Fall Break
October 21	Early Release Day- No Preschool Classes
November 2	Professional Learning Day/No Preschool Classes
November 3	Election Day-No Preschool Classes
November 25	No Preschool Classes (Professional Development)
November 26 & 27	Holiday/Thanksgiving
December 18	Last Day Before Winter Break
Dec. 19 - Jan. 3	Winter Break
January 4	Preschool Classes Resume
January 18	Holiday/Martin Luther King, Jr. Day-No Preschool Classes
February 15	No Preschool Classes (make-up day if 3 snow days before 2/1)
March 1	No Preschool Classes (possible make-up snow day)
Mar 29- Apr 2	Spring Break
April 14	Early Release Day- No Preschool Classes
May 20	Last Day for Preschool Students*

Note: No Preschool when Woodford County Schools are closed due to inclement weather. Preschool will also offer Non-Traditional Insturction 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 24
Day 2 - May 25
Day 3 - Feb 15 (if miss 3 days prior to 2/1)
Day 4 - March 1
Day 5 - May 26
Day 6 - May 27
Day 7 -June 1
Day 8 -June 2
Day 9 - June 3

** 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

830 Tyrone Pike
Versailles, Kentucky 40383
859-879-4699
preschool@woodford.kyschools.us

Huntertown Northside Simmons Southside

Matrícula preescolar 2020-21

El preescolar del condado de Woodford ofrece educación preescolar GRATUITA para niños de 3 y 4 años de edad y con un retraso de desarrollo. Un niño que tiene 4 años de edad antes del 1 de mayo califica para un programa preescolar GRATIS de bajo ingreso. Los niños que no califican pueden inscribirse bajo la matrícula si está disponible.

_____ Me gustaría programar una cita de selección para mi hijo.

_____ Me gustaría inscribir a mi hijo en los requisitos de ingresos para el año escolar 2020-21.

Por favor devuelva con el paquete de registro.

Los siguientes documentos son necesarios para la inscripción escolar. Por favor envíe el formulario de inscripción o prioridad para comenzar la escuela.

- Certificado de nacimiento
- Certificado de immunización
- Entrada física a la escuela
- Prueba de Residencia

Requerido para el 1 de enero:

- Examen de la vista KY

Si es aplicable:

- Documentos de Custodia/Tutela
- Copia de la tarjeta de seguridad social

School Year/Año escolar 2020-21

WCPS Student Registration Form / *Formulario de Inscripción*

INFORMACION PERSONAL (En cuanto al pre-escolar: KRS 157.3175 requiere la no duplicación de servicios con Head Start

Nombre legal del estudiante:_____ _____
Apellido Primer nombre Segundo nombre # de seguro social (no se requiere)

Dirección: _____
Calle # de Apt./# de entrada al rancho Ciudad Código postal

Dirección postal (si difiere del anterior): _____
(Incluya Casilla postal #)

Número de teléfono:: _____ Fecha de Nacimiento: _____ Edad: _____ Sexo: ☐ M ☐ F

Origen Étnico: ☐ Hispano ☐ No Hispano Grado: _____

Raza: Seleccione todo lo que es aplicable : ☐ Caucásico/Blanco ☐ Americano africano ☐ Asiático
☐ Indio americano o Nativo de Alaska ☐ Hawaiano u otra isla del pacífico

Escuela anterior :_____ Ciudad/Estado: _____

_____ _____
Persona que ha llenado este formulario deben ser los Padres o apoderados Fecha

Mostrar identificación con fotografía: _____

FAMILY INFORMATION/INFORMACIÓN FAMILIAR :

El estudiante vive con:

☐ Madre y Padre ☐ Madre ☐ Padre ☐ Abuelos ☐ Apoderado
☐ Padrastro y Madre ☐ Madrastra y Padre ☐ Padres adoptivos ☐ Otros _____

Información del Padre biológico\adoptivo	**Información de la Madre biológica\adoptiva**	**Otro:**
Nombre: _____	Nombre:_____	Nombre: _____
Fecha de Nacimiento: _____	Fecha de Nacimiento: _____	Fecha de Nacimiento: _____
Dirección: _____	Dirección: _____	Dirección: _____
_____	_____	_____
Número celular: _____	Número celular: _____	Número celular: _____
Lugar de trabajo: _____	Lugar de trabajo: _____	Lugar de trabajo:_____
Teléfono del trabajo: _____	Teléfono del trabajo: _____	Teléfono del trabajo: _____
Correo electrónico:_____	Correo electrónico: _____	Correo electrónico:_____

Sistema de llamado automático – Por favor escriba los números de teléfono que desea sean incluidos en este servicio.
_____ _____ _____ _____

CONTINUE ON BACK-CONTINUAR AL REVERSO

OFFICE USE ONLY/: Solo para uso oficial**:** School: _____ Enrolled _____
Teacher: _____Grade: _____ T-Code: _____ Bus #: AM _____ PM _____

Es responsabilidad de los padres o apoderados informar a la escuela si ocurren cambios en la información de este documento

MUY IMPORTANTE: Escriba el nombre de todos los niños que viven en el hogar

Nombre	Fecha de Nacimiento	Escuela (si es applicable)

REQUIRED CONTACT INFORMATION /Información de contacto necesaria - Lista al menos dos contactos (aparte de los padres) que puedan recoger a su hijo en el caso de que no se puede llegar.

Nombre: _____ Teléfono:_____ Otro Teléfono:_____ DOB:_____ (Fecha de Nacimiento)

Nombre: _____ Teléfono:_____ Otro Teléfono:_____ DOB:_____ (Fecha de Nacimiento)

Nombre: _____ Teléfono:_____ Otro Teléfono:_____ DOB:_____ (Fecha de Nacimiento)

Nombre: _____ Teléfono:_____ Otro Teléfono:_____ DOB:_____ (Fecha de Nacimiento)

Restricciones para recoger: (Si uno de los padres biológicos tiene orden de restricción es necesario presentar documentación)

_____

INFORMACIÓN ACERCA DE LA GUARDERÍA (Si es aplicable) □ Antes de la escuela □ Después de la escuela?

Nombre: _____ Dirección:_____ Teléfono:_____

HEALTH INFORMATION / Información De Salud

Doctor familiar: _____ Teléfono: _____

Dentista familiar: _____ Teléfono _____

Mencione cualquier tipo de problema de salud o reacciones alérgicas:

_____

Mencione los medicamentos que su hijo(a) está tomando (esto debe registrarse en la oficina):_____

EMERGENCY RELEASE /EN CASO DE EMERGENCIA

Doy permiso para que mi hijo(a) _____ sea atendido(a) por el personal de la escuela, enfermera o recogido(a) por la ambulancia si es necesario y llevado(a) al Dr. _____, o al hospital _____ en caso que necesite asistencia de EMERGENCIA, y yo no pueda ser localizado. Me haré responsable por todos los gastos.

Firma del Padre o apoderado_____ **Fecha** _____

SE NECESITA INFORMACIÓN ADICIONAL

Reside en el Condado de Woodford de □ 0-3 años □ 4 o más años

Alguno de los padres trabaja en el campo (tabaco,uvas etc)? □ Y/Si □ N

Nombre actividades que deben ser restringidas por razones religiosas: _____

_____

Es responsabilidad de los padres o apoderados informar a la escuela si ocurren cambios en la información de este documento

WOODFORD COUNTY PRESCHOOL

Se necesita información adicional de preescolar

¿Está su hijo entrenado para ir al baño?

_____ Sí _____ No _____ Parcialmente

Los niños deben ser entrenados para ir al baño para comenzar el preescolar. Las excepciones se harán previa aprobación del director. Los niños no deben venir a la escuela preescolar con pañales o flexiones. Ropa extra y ropa interior de la casa deben estar disponibles en todo momento en caso de accidentes.

Preferencia de preescolar: _____ Mañana _____ Tarde

Las preferencias no están garantizadas y la determinación de la sesión puede basarse en el transporte.

Asistencia

La asistencia preescolar no es obligatoria en Kentucky, sin embargo, se espera que los estudiantes que están inscritos en el programa preescolar del condado de Woodford asistan regularmente. Las ausencias que se determinan justificadas se pueden encontrar en el Código de Conducta y Disciplina Aceptables del Condado de Woodford. Los resultados de los exámenes demuestran constantemente que los estudiantes con alta asistencia son más exitosos en el aprendizaje.

Política de Asistencia Preescolar:

- **Se espera que un niño que es elegible para recibir educación preescolar gratuita bajo Elegibilidad de ingresos o Retraso del desarrollo asista a la escuela preescolar regularmente.**
- **Un niño que está ausente del preescolar debe presentar una nota al regresar explicando la naturaleza de la ausencia.**
- **Si el estudiante estará ausente por más de 2 días, el padre o tutor debe comunicarse con el preescolar o el maestro para informarles sobre la naturaleza de la ausencia.**
- **Un niño puede ser retirado del preescolar si las ausencias son significativas. La reinscripción será determinada por el director caso por caso.**

He revisado y entiendo la política de inscripción y asistencia del Condado de Woodford.

Firma: _____ Fecha:_____
Imprimir Nombre: _____

El Nombre del niño: _____

WOODFORD COUNTY PRESCHOOL
TRANSPORTATION FORM

Para ser completado por el personal de la escuela:	
HT ___	SIM ___
NSE ___	SSE ___
AM ___	PM ___

Nombre del niño: _____ Fecha de nacimiento: _____

* Los preescolares son transportados en los mismos autobuses que otros estudiantes en su vecindario durante las rutas de la mañana y la tarde, con autobuses preescolares solamente durante las rutas del mediodía.
* Los preescolares solo pueden viajar en autobuses que tienen un monitor de autobus. No todos los autobuses tienen monitores. Las solicitudes de transporte pueden tener una fecha de inicio retrasada debido a la adicion de un monitor a un autobus.
* Los estudiantes asisten a la escuela según la residencia a menos que las necesidades de transporte estén en otro distrito.
* La recogida y devolución deben realizarse en el mismo distrito escolar.
* Los niños en edad preescolar deben ser liberados mano a mano al momento de recogerlos y dejarlos.

☐ Mi hijo NO necesitará ser transportado por el autobús escolar. Proporcionaré transporte.

☐ Mi hijo TENDRÁ que ser transportado por el autobús escolar.

La dirección del niño se pone en el autobús

_____

Para ser completado por el personal de la escuela:

	Date:
	Date:

Dirección al que el niño se baja del

_____

Para ser completado por el personal de la escuela:

	Date:
	Date:

#de entrada sl rancho (si corresponde): _____

Persona a quien el niño puede ser liberado:

Indique dos (2) o más nombres y números de teléfono (incluya a los padres / tutores)

Nombre	Número de teléfono	Relación
_____	# _____	_____
_____	# _____	_____
_____	# _____	_____
_____	# _____	_____
_____	# _____	_____
_____	# _____	_____
_____	# _____	_____

_____ _____

Firma del padre / tutor Fecha

HOUSEHOLD AND INCOME FORM

Para determinar la elegibilidad para el programa preescolar KERA y varios beneficios adicionales del programa estatal y federal para los cuales pueden calificar sus hijos, complete, firme y envíe esta solicitud al Woodford County Preschool Program, 830 Tyrone Pike, Versailles, Kentucky 40383.

PART 1. TODOS LOS MIEMBROS DEL HOGAR

Nombres de todas las personas que viven en su hogar. (Primero, inicial medio, último)	Escuela a la que asiste el niño, o indique "NA" si el miembro de la familia no está en la escuela	Grado Nivel	*Marque si es un niño de crianza (responsabilidad legal de la agencia de bienestar o corte) Si todos los niños enumerados a continuación son hijos de crianza, pase a la Parte 5 para firmar este formulario.*	Marque si NO hay ingresos
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

PART 2. BENEFICIOS

Si algún miembro de su familia recibe SNAP o KTAP, proporcione el nombre y el número de caso de la persona que recibe los beneficios y pase a la Parte 5. Si nadie recibe estos beneficios, vaya a la Parte 3.

NOMBRE: ______________________

NÚMERO DE CASO: ______________________

PART 3. SIN HOGAR, MIGRANTE, ESTADO DE RUNAWAY

Si alguno de los niños que solicita no tiene hogar, es migrante o se ha fugado, marque la casilla correspondiente y llame al preescolar 879-4699.

SIN HOGAR ☐ MIGRANTE ☐ RUNAWAY ☐

PART 4. ENGRESO BRUTO TOTAL DEL HOGAR (antes de deducciones). Anote todos los ingresos en la misma línea que la persona que los recibe. Marque en la casilla la frecuencia con la que se recibe. Registrar cadaingreso solo una vez. Si proporcionó un número de caso en la Parte2, no necesita proporcionar información de ingresos.

1. NOMBRE (Lista solo miembros del hogar con ingresos)	**2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED**															
	Ganancias del trabajo antes de deducciones.	Semanal	Quincenales	Bimensuales	Mensuales	Bienestar, manutención infantil, pension alimenticia	Semanal	Quincenales	Bimensuales	Mensuales	Pensiones, jubilación, seguridad social, SSI, prestaciones VA	Semanal	Quincenales	Bimensuales	Mensuales	Todos los otros ingresos (indique la frecuencia, como "seminal" "bimensuales", "mensual")
(Ejamplo) Jane Smith	$200	☒	☐	☐	☐	$150	☐	☒	☐	☐	$0	☐	☐	☐	☐	$50 / mensual
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /

PART 5. FIRMA (EL MIEMBRO ADULTO DEL HOGAR DEBE FRIMAR)

Un miembro adulto de la familia debe firmar el formulario.

Certifico (prometo) que toda la información en este formulario es verdadera y que todos los ingresos se informan. Entiendo que la escuela obtendrá fondos estatales y federales según la información que proporcione. I understand that school officials may verify (check) the information. Entiendo que los funcionarios escolares pueden verificar (verificar) la información. Entiendo que si proporciono información falsa a propósito, mis hijos pueden perder los beneficios.

Firma aqui: ______________ Imprimir nombre: ______________ Fecha: ______________

Dirección: ______________ Ciudad: ______________ Estado: ______ Código postal: ______

Número de teléfono: ______________ Número Celular: ______________

Aviso de Privacidad

El Departamento de Educación de Kentucky debe recopilar información en este formulario. No tiene que proporcionar esta información, pero no lo hace, no podemos determinar la elegibilidad de su hijo para recibir beneficios adicionales en los programas estatales y federales. Mantendremos la información que nos brinde como privada y confidencial en la medida que lo exija la ley. Sin embargo, compartiremos su estado socioeconómico con varios programas estatales y federales para ayudarlos a evaluar, financiar o determinar los beneficios para sus programas, auditores para revisiones de programas y funcionarios de aplicación de la ley para ayudarlos a detectar violaciones de las reglas del programa.

Declaración de no discriminación: De acuerdo con la ley federal y la política del Departamento de Educación de los EE. UU., Esta institución tiene prohibido discriminar por motivos de raza, color, nacionalidad, sexo, edad o discapacidad. Para presentar una queja por discriminación, escriba al Departamento de Educación de los EE. UU., A la Oficina de Derechos Civiles, al Edificio Wanamaker, 100 Penn Square East, Suite 515, Filadelfia, PA 19107-3323 o llame al (215) 656-8541 (Voz). Las personas con discapacidades auditivas o con problemas del habla pueden comunicarse con el Departamento de Educación de los EE. UU. A través del Servicio Federal de Retransmisión llamando al (800) 877-8339; o (800) 845-6136 (español). El Departamento de Educación de los Estados Unidos es un proveedor y empleador que ofrece igualdad de oportunidades.

Lista de control

- ☐ ¿Has incluido a todos tus hijos como miembros del hogar?
- ☐ Para cada miembro del hogar que recibe ingresos, ¿está marcada la casilla de frecuencia?
- ☐ ¿Has firmado la solicitud?

NO LLENE ESTA PARTE. ESTO ES PARA USO SE LA ESCUELA SOLAMENTE.

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

CALENDARIO 2020-21

Las clases preescolares son de lunes a jueves.

13-28 de agosto	Visitas a hogares preescolares
31 de agosto	Comienzan las clases de preescolar
7 de septiembre	Día del Trabajo-No hay clases preescolares
16 de septiembre	Día de salida temprana - No hay clases preescolares
5-9 de oct	Vacaciones de otoño
21 de octubre	Día de salida temprana - No hay clases preescolares
2 de noviembre	Día de aprendizaje profesional / No hay clases preescolares
3 de noviembre	Día de la elección-No hay clases preescolares
25 de noviembre	No hay clases preescolares (Desarrollo profesional)
26 y 27 de noviembre	Vacaciones / Acción de Gracias
18 de diciembre	Último día antes de las vacaciones de invierno
19 de dic - 3 de enero	Vacaciones de invierno
4 de enero	Curriculum de clases de preescolar
18 de enero	Día de vacaciones / Martin Luther King, Jr. - No hay clases preescolares
15 de febrero	No hay clases preescolares (día de substitucion antes de 2/1)
1 de marzo	No hay clases preescolares (posible día de substitucion)
29 de marzo- 2 de abr	Vacaciones de primavera
14 de abril	Día de salida temprana - No hay clases preescolares
20 de mayo	Último día para estudiantes de preescolar*

Nota: las escuelas del Condado de Woodford no están cerradas debido a las inclemencias del tiempo.
El preescolar también ofrecerá el Día de la Instancia No Tradicional (NTI) cuando lo considere el Superintendente
Las sesiones preescolares pueden ser canceladas debido a retrasos o salidas tempranas.
Por favor escuche las llamadas del distrito.

DIAS DE SUBSTITUCION*

Day 1 - 24 de mayo
Day 2 - 25 de mayo
Day 3 - 15 de feb (if miss 3 days prior to 2/1)
Day 4 - 1 de marzo
Day 5 - 26 de mayo
Day 6 - 27 de mayo
Day 7 -1 de junio
Day 8 -2 de junio
Day 9 - 3 de junio

** Algunos viernes pueden usarse para reponer los días preescolares perdidos debido a las inclemencias del tiempo.
Los días de recuperación son determinados por la Junta Escolar del Condado de Woodford.
* El calendario está sujeto a cambios por aprobación de la Junta de Educación

Version #2
with 3yr old tuition

Woodford County Preschool

830 Tyrone Pike
Versailles, Kentucky 40383
859-879-4699
preschool@woodford.kyschools.us

Huntertown Northside Simmons Southside

Preschool Enrollment 2020-21

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 2020-21 School Year

_____ I would be interested in enrolling my child under tuition for the 2020-21 School Year.

_____ I would be interested in the PEP program for my child for the 2020-21 School Year.
(Located at Simmons Elementary only.)

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 1st:

- 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:	$4000.00 annually or 10 monthly payments of $400.00.
Preschool & PEP:	$5980.00 annually or 10 monthly payments of $598.00

Woodford County Preschool & PEP
2020-21 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, 2020 through May 1, 2021. 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 $4000.00 or 10 Monthly payments of $400.00.** 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 13, 2020 through May 1, 2021. 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 $5980.00 or 10 Monthly payments of $598.00.** 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 13, 2020 through May 1, 2021. 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
2020-2021 PEP CALENDAR

Highlighted dates indicate days PEP is Closed.

August 13	Preschool Extended Program (PEP) Begins
August 13-28	Preschool Home Visits
August 31	Preschool Classes Begin
September 7	Labor Day -PEP CLOSED
September 16	Early Release Day- No Preschool Classes
Oct 5-Oct 9	Fall Break-PEP CLOSED
October 21	Early Release Day- No Preschool Classes
November 2	Professional Learning Day/No Preschool Classes
November 3	Presidental Election Day-PEP CLOSED
November 25	No Preschool Classes-PEP CLOSED
November 26 & 27	Holiday/Thanksgiving -PEP CLOSED
December 18	Last Day Before Winter Break
Dec. 19 - Jan. 3	Winter Break-PEP CLOSED
January 4	Preschool and PEP Reopen
January 18	Holiday/Martin Luther King, Jr. Day-No Preschool Classes-PEP CLOSED
February 15	No Preschool Classes-PEP CLOSED (make-up day if 3 snow days before 2/1)
March 1	No Preschool Classes (possible make-up snow day)
Mar 29- Apr 2	Spring Break - PEP CLOSED
April 14	Early Release Day- No Preschool Classes
May 20	Last Day for Preschool*
May 24	No Preschool/PEP OPEN (possible PK make-up snow day)
May 25	No Preschool/PEP OPEN (possible PK make-up snow day)
May 26	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 Insturction Day (NTI) PEP WILL BE OPEN.

MAKE-UP DAYS**

Day 1 - May 24
Day 2 - May 25
Day 3 - Feb 15 (if miss 3 days prior to 2/1)
Day 4 - March 1
Day 5 - May 26
Day 6 - May 27
Day 7 -June 1
Day 8 -June 2
Day 9 - June 3

*** 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.**