

West Des Moines Community Schools Preschool Application Form



All children who participate in the Statewide Voluntary Preschool Program (SVPP) need to fill out this application. This program is for children who are 4 years old by September 15th of the year for which they are enrolling. Preschool placement for this program will be tuition free, though families may pay a registration fee. There are no income guidelines, however, priority may be given to lower income families and/or families who live in the West Des Moines Community School District.

This application is also for children who will be 3 years old by September 15th of the year for which they are enrolling.

**Project
Shine**



A Great Opportunity to Shine!

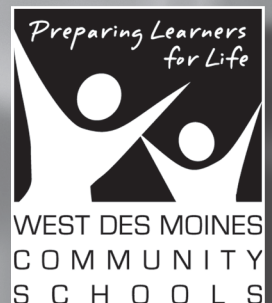
Funding for 3 year olds is only for families who meet income guidelines and live within the West Des Moines Community School District boundaries. Project Shine is funded by Polk County Empowerment and is for lower income families.

Please return this completed application to:

_____ Your Preschool Location

_____ Holly Burns, Early Childhood Program Coordinator, (515) 633-5010

Learning Resource Center, 3550 Mills Civic Parkway, West Des Moines, IA 50265-5556



Date _____

Student Information

Name _____

(Last)

(First)

(Middle)

Male _____ Female _____ Current Age _____ Birth date: Month _____ Day _____ Year _____

Primary Address _____

(Street)

(City)

(State)

(Zip)

Primary Household Phone _____ Primary E-mail _____

Primary Household Information *(where student resides)*

Name/Relation to Student _____ Name/Relation to Student _____

Employer _____ Employer _____

Work Phone _____ ext. _____ Work Phone _____ ext. _____

Cell Phone _____ Cell Phone _____

E-mail _____ E-mail _____

Secondary Household Information *(Not residing with student, if applicable)*

Secondary Address _____

(Street)

(City)

(State)

(Zip)

Secondary Household Phone _____

Name/Relation to Student _____ Name/Relation to Student _____

Employer _____ Employer _____

Work Phone _____ ext. _____ Work Phone _____ ext. _____

Cell Phone _____ Cell Phone _____

E-mail _____ E-mail _____

Please list all brothers and sisters in the household (please include last name if different and school attending if applicable):

Name _____ Birth date _____ School _____

Name _____ Birth date _____ School _____

Name _____ Birth date _____ School _____

Name _____ Birth date _____ School _____

Other Information

Has this child attended preschool or child care before? Yes _____ No _____

If yes, please list center and dates attended _____

Have you applied for Head Start for this child? Yes _____ No _____ If yes, what is the status of the application? _____

Has this child received services from Heartland AEA or any other agency? Yes _____ No _____

If yes, please describe _____

Is this child on an IEP (Individual Education Plan) Yes _____ No _____

Does this child have any health or developmental concerns? Yes _____ No _____

If yes, please describe _____

What elementary school will this child attend? _____ (If unknown, leave blank)

The following is for federal procedures of identifying race, ethnicity and language.

Are you Hispanic/Latino? Yes _____ No _____

Race (please mark one or more): American Indian/Alaska Native _____ Asian _____ White _____
Black or African American _____ Native Hawaiian/Pacific Islander _____

Primary Home Language _____

Please read the following.

Please initial the following statements: ***This is mandatory for program participants.***

- _____ I give the Program Coordinator permission to obtain and share information about my child's educational progress with school and/or funding personnel.
- _____ I agree to transport my child to and from preschool.
- _____ I commit to good attendance for my child and will provide notification if my child will be absent. I understand that failure to do so may result in the loss of scholarship and/or arrangement to pay preschool fees.
- _____ I will notify the Program Coordinator and the center my child is attending, if my phone number or address changes.

Please initial the following statements to show permission has been granted:

- _____ I give permission for the Program Coordinator to obtain information from West Des Moines CSD Nutrition Services and/or West Des Moines Human Services for income verification.
- _____ I give permission for my child's photograph to be used in district publications/web site.

Preschool Options/Choices

4-Year-Old SVPP Program Options

Please check time preference: A.M. _____ P.M. _____ Either _____ All Day _____

Locations: *(Please check all centers that are acceptable to you.)*

1/2 Day Sessions	Preschool/Full Time Childcare**
<input type="checkbox"/> Tiger Cubs at Clive*	<input type="checkbox"/> Apple Tree Children's Center/Grand
<input type="checkbox"/> Tiger Cubs at Phenix	<input type="checkbox"/> Apple Tree Children's Center/Ashworth
<input type="checkbox"/> Tiger Cubs at Crestview*	
<input type="checkbox"/> Olivet Preschool	
<input type="checkbox"/> Sacred Heart Preschool	
<input type="checkbox"/> St. Timothy's Preschool	
<input type="checkbox"/> West Des Moines Christian Church Preschool	
<input type="checkbox"/> West Des Moines United Methodist Preschool	

*May be full for 2010-11 school year, be sure to check at least one other center.

** Please choose these centers only if your child requires full-time child care. Families enrolled at Apple Tree will pay a pro-rated tuition amount for their participation in preschool and wrap around care.

3-Year-Old Project Shine Program Options

Please check time preference: A.M. _____ P.M. _____ Either _____

<input type="checkbox"/> Tiger Cubs at Clive*	<input type="checkbox"/> St. Timothy's Preschool
<input type="checkbox"/> Olivet Preschool	<input type="checkbox"/> West Des Moines Christian Church Preschool
<input type="checkbox"/> Sacred Heart Preschool	<input type="checkbox"/> West Des Moines United Methodist Preschool
<input type="checkbox"/> Seeds of Faith Early Learning Center	

Financial Information *(Optional)*

_____ Please check here if you wish to be considered for income based funding or priority.

For families with 4-year-olds: You may fill out the financial information if you wish to be considered for priority placement and free registration. There may also be some additional resources available to you.

Families with 3-year-olds: You may fill out the financial information if you want to apply for Project Shine to pay tuition and registration fees to attend preschool. There may also be some additional resources available to you. Project Shine is funded by Polk County Empowerment and is for lower income families.

If the applying child is a FOSTER CHILD you may be eligible for priority placement and or funding. You will need to provide a copy of the placement information with this application.

This child is a FOSTER CHILD: Yes _____

Primary Household Income *(where student resides)*

1. Name of Parent/Guardian _____ Employed outside the home? Yes _____ No _____
Name of Employer _____

Annual Gross Income* _____

2. Name of Parent/Guardian _____ Employed outside the home? Yes _____ No _____
Name of Employer _____

Annual Gross Income* _____

Child Support if received _____ (monthly x 12)

Other income to household _____ (monthly x 12)

Total Gross Annual Income* _____

**Gross income refers to the total amount before any taxes or deductions.*

Is your family eligible for any of the resources listed below: *(check all that apply)*

_____ Free/reduced lunch

_____ West Des Moines Human Services (energy assistance, etc.)

_____ WIC

_____ Food Assistance

Signature: _____ Date: _____

Your signature means that the above financial information is true to the best of your knowledge and that you agree to provide income verification, as requested.

Office Use Only

Date received _____ Program Location _____ ID _____

Section _____ Funding Eligibility _____ Confirmation given _____

Notes: