



## Findlay City Schools Preschool

### Findlay City Schools

600 Jacobs Avenue, Findlay, Ohio 45840

Phone: 419-425-8231 Fax: 419-427-5483

## Preschool Registration Packet: 2022-2023

The mission of the Findlay City Schools Preschool Program is to provide the children with a variety of age-appropriate play, literacy, learning experiences, technology exploration and social activities so that the children will develop a foundation for future learning. Our classrooms offer an abundance of technology experiences as well as developmentally appropriate hands-on experiences.

Findlay City Schools Preschool offers general education classrooms for preschool children as well as integrated special needs classrooms that are a blend of students with disabilities as well as student peer role models.

Through these developmentally appropriate activities, the children discover who they are by relating to the other children, adults, and the environment. Trust, social interaction, and play are seen as the foundations on which children develop problem-solving skills, language, and self-esteem.

Please see the requirements/information below for enrolling your student at Findlay City Schools Preschool!

- Children must turn 3 on or before March 1, 2022 to be eligible for the 2022-2023 school year.
- All children must be toilet-trained (no pull-ups) prior to the start of the school year. If your child is not using the restroom independently, he/she will not be able to attend.
- Preschool students in the integrated classrooms (3 and 4 year olds) will attend Monday – Tuesday and Thursday-Friday (no school on Wednesday) in the morning.
- The older preschool students (4 and 5 year olds) will attend Monday – Friday in a morning or afternoon session.
- Our program will follow the Findlay City Schools calendar, including delay and calamity days.
- We will hold an open house at the beginning of the school year for families to meet the teacher and tour the building.

- Please feel free to visit our website at <https://fcs.org/preschool/> and our Facebook Page <https://www.facebook.com/PreschoolFCS>
- The tuition schedule for our program is attached. Payments must be made each month or paid in full when school starts. We will have limited tuition scholarships available to those who need economic assistance. In order to see if you qualify for a tuition scholarship, you will need to complete the 2021-2022 Free and Reduced Price School Meals Family Application, which is attached to this packet. At the beginning of the 2022-2023 school year, you will have to complete another Free/Reduced Application to confirm your child's eligibility.
- Letters will be mailed to families in May confirming acceptance or if you have been put on our wait list.
- **In order to be considered for placement in Findlay City Schools Preschool, please complete the forms in the enclosed packet and provide the following information:**
  - **Certified Original Child's Birth Certificate (not Birth Record)**
  - **Immunization Record**
  - **Parent ID (Driver's License)**
  - **Proof of Residency (example-Lease Agreement, Utility Bill)**
  - **Court Papers, if applicable**

Please bring the enrollment packet and the above information to the Findlay City Schools Preschool building located at 600 Jacobs Avenue. Please have your applications turned in as soon as possible, otherwise you might be put on our wait list. All enrollments will be date and time stamped as they're received.

Please note –If you live outside the Findlay City Schools District, you will automatically be put on a waitlist and will only be contacted if we have space after school starts in August.

Should you have any questions, please contact the Findlay City Schools Preschool office at 419-425-8231. We look forward to meeting you and your child!



Ohio's Tiered Quality Rating & Improvement System

**Findlay City Schools  
Preschool is proud to be a  
Five-Star Program!**

# Enrollment Questionnaire – Findlay City Schools Preschool

Rev. 1/31/22



Office Use:  
Student ID \_\_\_\_\_ Adm Date \_\_\_\_\_

## Student Information

Are you a resident of Findlay City Schools?  Yes  No

### PLEASE PRINT LEGIBLY

Student First Name \_\_\_\_\_ Student Middle Name \_\_\_\_\_ Student Last Name \_\_\_\_\_ Student "Called Name" \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Phone Number with Area Code \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birth City \_\_\_\_\_

Social Security Number \_\_\_\_\_ Entering Grade \_\_\_\_\_ School Year \_\_\_\_\_  Male  Female  
Gender

Parent Email: \_\_\_\_\_

Which language(s) are spoken in the home: \_\_\_\_\_

**Resident Status** – please check one:

- Resident
- Open Enrollment
- Foster (Court-placed)

**Is the student of Hispanic/Latino origin, regardless of race?**

- Yes  No

**Ethnicity:** (Please select one or more)

- White
- Black or African American
- Hispanic
- Asian
- Pacific Islander or Native Hawaiian
- Am. Indian or Alaskan Native

**Session Preference:** (This is only a preference, not a guaranteed time.)  AM  PM

**Teacher Preference:** If you have a teacher preference, please write the teacher's name \_\_\_\_\_

**Transportation:**  I agree to provide or make arrangements for transportation to and from school.

**Medical:**  I agree to submit a medical and dental form for my child, completed by a physician, within 30 days of the start of school.

**Tuition:**  I agree to pay all applicable fees in a timely manner.

Is your child toilet-trained?  Yes  No (If you answered no, please keep in mind that in order for your child to attend preschool in the fall, he/she must be able to use the bathroom independently, no pull-ups)

**Enrollment Questionnaire Continued.....**

**Parent Information**

**Marital status of biological parents:**

- Married     Divorced     Separated     Widowed     Never Married

**Who has legal custody of this child?**

- Both Parents     Mother only     Father only     Grandparents  
 Foster family     Mother/stepfather     Father/stepmother     Other \_\_\_\_\_

**If foster/guardian, what district did the natural parent(s) reside in at the time you received custody?**

Name of school district \_\_\_\_\_

**Do you have court papers regarding custody of this child?**

- N/A     No     Yes (court papers must be provided)

**WHO DOES THE STUDENT LIVE WITH?**

Check all that apply:	Print First/Last Name	Cell Phone
<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother		
<input type="checkbox"/> Father <input type="checkbox"/> Stepfather		
<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent		

**Please list any school-age children in the household:**

Name \_\_\_\_\_ Grade \_\_\_\_\_ School Bldg (if known) \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School Bldg (if known) \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School Bldg (if known) \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School Bldg (if known) \_\_\_\_\_

**\*Proof of residency, original birth certificate, social security card, immunization records, parent identification, and if applicable, custody papers must accompany this form to complete registration.**

*I certify to the best of my ability, that the information provided is true and accurate.*

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date



# Findlay City Schools Preschool

## 2022-2023 TUITION SCHEDULE

**Program Tuition:** Two payment options are available for both the 4-day and 5-day programs. Parents may opt to make payments every month or pay in full at the August open house.

There will be limited availability for free tuition to the families who need economic assistance. This will only be available to those who qualify for free/reduced fees.

### **4-Day Tuition:**

*If paying monthly (\$1,080 for total year):*

**\*Payment is due the first of each month!**

- \$120 – August/September
- \$120 – October
- \$120 – November
- \$120 – December
- \$120 – January
- \$120 – February
- \$120 – March
- \$120 – April
- \$120 – May

*If paying in full (\$200 discount):*

- \$880 due at August open house

### **5-Day Tuition:**

*If paying monthly (\$1,305 for total year):*

**\*Payment is due the first of each month!**

- \$145 – August/September
- \$145 – October
- \$145 – November
- \$145 – December
- \$145 – January
- \$145 – February
- \$145 – March
- \$145 – April
- \$145 – May

*If paying in full (\$200 discount):*

- \$1,105 due at August open house

**Late Fee:** A \$50 late fee will be applied to all payments received after the 5<sup>th</sup> of each month.





**Do not complete this section. Intended 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 per Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_ Reason: \_\_\_\_\_

Determining/Approval Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If selected for Verification, Date Verification Notice Sent: \_\_\_\_\_ Response Date: \_\_\_\_\_ 2<sup>nd</sup> Notice Sent: \_\_\_\_\_ Results Sent: \_\_\_\_\_

Verification Result: No Change \_\_\_ Free to Reduced Price \_\_\_ Free to Paid \_\_\_ Reduced Price to Free \_\_\_ Reduced Price to Paid \_\_\_

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

**Privacy Act Statement: This explains how we will use the information you give us.**

The Richard B. Russell National School Lunch Act requires the information on this application. You are not required to provide information, but if information is not provided, the state agency cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a

INCOME ELIGIBILITY GUIDELINES 2021-2022			
Household size	Yearly	Monthly	Weekly
1	\$23,828	\$1,986	459
2	32,227	2,686	620
3	40,626	3,386	782
4	49,025	4,086	943
5	57,424	4,786	1,105
6	65,823	5,486	1,266
7	74,222	6,186	1,428
8	82,621	6,886	1,589
Each additional person:	8,399	700	162

Supplemental Nutrition Assistance Program (SNAP), Ohio Works First (OWF) case number or other identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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