

Parkway Local Schools Preschool

2019-2020

◆ **Who is eligible?**

All children ages 3, 4 and 5 years old by August 1. Children must be fully potty-trained to attend.

◆ **What preschool classes are offered?**

Two half-day classes per week. Mornings - 8:00 - 11:15 a.m. and Afternoons 12:00 - 3:15 p.m. Choices are Monday/Wednesday and Tuesday/Thursday.

Four half-day classes per week. Mornings - 8:00 - 11:15 a.m. and Afternoons 12:00 - 3:15 p.m. **Financial assistance is also available to those who qualify - free or reduced tuition can only be awarded to students who will be 4 years of age by August 1, 2019. One exception: Students on an IEP may be awarded grant status on their 4th birthday.**

◆ **What is taught?**

The program focuses on all areas of development including social, academic, emotional, fine and gross motor skills and self-help skills.

◆ **Where will the Preschool be located?**

Preschool classes will be held at Parkway Local Schools in Rockford. Please note that transportation is not provided.

◆ **How do I register?**

Return the completed registration form and the non-refundable \$25 registration fee on Registration Night, bring to the Elementary Office or mail to Parkway Preschool, 400 Buckeye St., Rockford, OH 45882.



Parkway Preschool (Financial Assistance Information)

United States Department of Health and Human Services 2019 Poverty Guidelines

Size of Family Unit	100% Poverty Level	125% Poverty Level	150% Poverty Level	175% Poverty Level	185% Poverty Level	200% Poverty Level
1	\$12,490	\$15,613	\$18,735	\$21,858	\$23,107	\$24,980
2	\$16,910	\$21,138	\$25,365	\$29,593	\$31,284	\$33,820
3	\$21,330	\$26,663	\$31,995	\$37,328	\$39,461	\$42,660
4	\$25,750	\$32,188	\$38,625	\$45,063	\$47,638	\$51,500
5	\$30,170	\$37,713	\$45,255	\$52,798	\$55,815	\$60,340
6	\$34,590	\$43,238	\$51,885	\$60,533	\$63,992	\$69,180
7	\$39,010	\$48,763	\$58,515	\$68,268	\$72,169	\$78,020
8	\$43,430	\$54,288	\$65,145	\$76,003	\$80,346	\$86,860
Family units with more than 8 members	Add \$4,420 for each additional	Add \$5,525 for each additional	Add \$6,630 for each additional	Add \$7,735 for each additional	Add \$8,177 for each additional	Add \$8,840 for each additional

Free or reduced tuition can only be awarded to students who will be 4 years of age by August 1, 2019.

If you have questions pertaining to preschool, please call Mr. Esselstein , Director, at 419-363-3045 ext. 721.

Parkway Preschool Registration 2019-2020

Office use only
2 days 4 days
M/W T/Th M-Th
Time - AM PM

The Parkway School Public Preschool program is in its 28th year. The program is supported by a grant from the Ohio Department of Education and is part of the overall Parkway Schools' education system. Limited grant monies will be available for the 2019-2020 school year. Each class employs a certified teacher and classroom aide.

A \$25 registration fee and this form must be returned to guarantee a position for your child in our preschool program. Forms may be dropped off at the Parkway Elementary office or mailed to: Parkway Preschool Program, 400 Buckeye Street, Rockford, OH 45882. Please call 419-363-3045 ext. 720 if you have further questions.

Please note that this registration form is two-sided.

Student Information:

Child's Name:

(Last) _____ (First) _____ (Middle) _____

Name child goes by _____ Home phone number _____

Address: _____
(Street) (PO Box) (City) (State) (Zip Code)

Social Security Number (required) _____ Gender M or F (please circle)

Date of birth _____ Birth city _____ Native Language _____

Parent Information:

Father's Name _____
(First) (Last)

Father's Address _____
(Street) (City) (State) (Zip Code)

Mother's Name _____
(First) (maiden name) (Last)

Mother's Address _____
(Street) (City) (State) (Zip Code)

Name of guardian (if applicable) _____

Please check if applicable:

Parents married ___
Parents never married ___
Parents divorced ___
Parents separated ___
Father deceased ___
Mother deceased ___

Child in Legal Custody of:
Both parents ___
Father ___
Mother ___
Other _____

Custody papers:
No ___
Yes ___ (copy required)

(OVER)

Child's Name: _____

Financial Information: (Required for all applicants)

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

Approximate yearly income of the household: \$ _____

If you qualify for our grant program, additional income verification will be requested. Grant students are to attend preschool for four half-days.

Total number of adults in household: _____

Total number of children in household: _____

Classroom Preference (check one):

Two half-days - \$90.00 per month

Four half-days - \$180.00 per month

Day Preference (circle one):

Mon. & Wed.

Tues. & Thurs.

Mon. - Thurs.

Time preference (but not guaranteed)

Morning or Afternoon
(8:00 - 11:15 a.m.) (12:00 - 3:15 p.m.)

Do you have any concerns about your child's development? If so, in what areas?

Speech Vision Hearing School readiness

X _____
Signature of Parent or Legal Guardian

X _____
Date

Office use only:

Registration fee paid: Date _____ Cash _____ Check # _____

Preschool packet: Given to parent on _____ Mailed on _____