Preschool Registration
for the 2021-2022 School Year

Registration for Integrated and Pathfinders preschool is open until filled. Openings are filled on a first come first served basis. To make a registration appointment, please call:

Sara Hecht – 937-499-1456  Integrated Preschool Registration
Angie Scott – 937-499-1450  Pathfinders Preschool Registration

Please Bring:

- Original Birth Certificate*
- Immunization Records*
- Parent/Guardian ID*
- $20 Processing Fee (cash or check)*
- Time-stamped Custody Paperwork (if applicable)*
- Proof of Residency*
  - Home owners need to bring Mortgage Statement or Deed
  - Renter or lessee bring Official Signed Rental Agreement
  - Additionally, everyone must present a current DP&L or Vectren Bill
- Income Verification (If applying for tuition assistance – You will be asked to sign a tuition contract based on what you submit at time of registration)

Registration materials are available online:
www.ketteringschools.org

Preschool Enrollment Questions?
(937) 499-1456
Preschool Registration
for the 2021-2022 School Year

The Kettering City School District offers parents/guardians with two preschool options for your children:

The Integrated Preschool Program – Peer Mentors

Monday-Thursday, 8:30-11:00 a.m. or 12:15-2:45 p.m.
Cost: $180 per month* + $20 processing fee
Must turn 3 years old by August 1, 2021 & be a resident of the Kettering School District

This preschool program is designed to serve 3-to-5-year-old students with special needs, alongside typically developing peer mentors. The program offers small class sizes with a one-to-six staff-to-student ratio. Integrated Preschool is available at the following locations:

- Beavertown Elementary School (2700 Wilmington Pike, Kettering, Ohio 45419)
- Greenmont Elementary School (1 E. Wren Circle, Kettering, Ohio 45420)
- Indian Riffle Elementary School (3090 Glengarry Drive, Kettering, Ohio 45420)
- Kettering Early Childhood Education Center (2600 Holman Street, Moraine, Ohio 45439)
- Oakview Elementary School (4001 Ackerman Blvd., Kettering, OH 45429)

Pathfinders

Monday-Thursday, 8:45 a.m.-1:45 p.m.
Cost: $450 per month* + $20 processing fee
Must turn 4 years old by August 1, 2021 & be a resident of Montgomery County

Pathfinders is an early learning program funded by the Ohio Department of Education and operated through the Kettering Schools that provides 4-year-old children with a high-quality preschool education, focusing on academic and social preparation for entry into kindergarten. Pathfinders is available at the following locations:

- Beavertown Elementary School (2700 Wilmington Pike, Kettering, Ohio 45419)
- John F. Kennedy Elementary School (5030 Polen Drive, Kettering, Ohio 45440)
- Kettering Early Childhood Education Center (2600 Holman Street, Moraine, Ohio 45439)

*Tuition assistance is available for both programs.
Kettering City Schools - Preschool Registration Materials

Enclosed is the paperwork needed to register a child for preschool. Please complete all forms and return in this envelope. The checklist below will assist you in making sure all information is complete.

Your child WILL NOT be enrolled unless all forms are complete, and requested documentation is provided. Dental and Medical forms must be submitted before your child’s first day of school.

<table>
<thead>
<tr>
<th>Forms to Complete &amp; Return</th>
<th>Documentation Needed</th>
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<tbody>
<tr>
<td>• Registration Form (page 1-2)</td>
<td><strong>Birth Certificate</strong> or Alternate Documentation</td>
</tr>
<tr>
<td>• Emergency Medical Form (page 3)</td>
<td>• A passport or attested passport transcript showing the date and place of birth of the child</td>
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<tr>
<td>• Status of Custody Form (page 4)</td>
<td>• An attested transcript of a birth certificate</td>
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<tr>
<td>• Ethnicity-Race Form (page 5)</td>
<td><strong>Immunization Records</strong></td>
</tr>
<tr>
<td>• IEP/504 Form (page 6)</td>
<td></td>
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<tr>
<td>• Release Form (page 7)</td>
<td><strong>Picture ID of Parent or Guardian</strong></td>
</tr>
<tr>
<td>• Transportation List (page 8)</td>
<td>• Driver’s License or Passport</td>
</tr>
<tr>
<td>• Child Medical Statement (page 9-10)</td>
<td><strong>Proof of Residency:</strong></td>
</tr>
<tr>
<td>• Dental Exam Record (page 11)</td>
<td>• Deed or Mortgage Statement</td>
</tr>
<tr>
<td>• Preschool Student Behavioral Expectations (page 12)</td>
<td>• Current Lease signed by landlord and tenant</td>
</tr>
<tr>
<td>• Early Childhood Education Eligibility Screening Tool for Tuition Assistance (if requesting tuition assistance)</td>
<td><strong>ADDITIONALLY, EVERYONE MUST PRESENT A CURRENT UTILITY BILL.</strong></td>
</tr>
</tbody>
</table>

Completed Registration Returned on:

DATE: __________________________

$20.00 Registration fee paid:

CASH_______ CHECK#___________

Proof of Custody (if applicable)

• Divorced parents must provide a complete custody order or decree which indicates that the parent/guardian is the residential custodian of the child for school purposes

Proof of Income *Plan to sign a tuition contract based on what is submitted at time of registration.*

• 2020 Tax Return of all working adults in household
• Four consecutive weeks of pay stubs for all working adults in the household
• Child Support and/or Disability Documentation
Section I—Student & Family Information

Child’s Name __________________________ Date of Birth ________ Gender __________________

Parent/Guardian 1 Name __________________ Cell Phone ____________ Call order ________
Home Address ___________________________ apt. Home Phone ____________ Call order ________
City _____________________________ Zip________ Work Phone ____________ Call order ________
Employer Name________________________ Email __________________

Parent/Guardian 2 Name __________________ Cell Phone ____________ Call order ________
Home Address ___________________________ apt. Home Phone ____________ Call order ________
City _____________________________ Zip________ Work Phone ____________ Call order ________
Employer Name________________________ Email __________________

Child Lives With: (please check only ONE of the following descriptions that applies to your child)

☐ Both natural/adoptive parents    ☐ Mother & Stepfather    ☐ Father & Stepmother
☐ Mother only        ☐ Father only        ☐ Grandparents
☐ Foster Parent(s)  Caseworker Name: _______________________ Phone: ______________________
☐ Other:  describe__________________________________________

Housing Arrangement: ☐ house ☐ apartment ☐ sharing a residence w/________________________(name)

LIST BROTHERS AND SISTERS OF STUDENT LIVING IN THE SAME HOUSEHOLD

<table>
<thead>
<tr>
<th>LAST NAME, FIRST NAME</th>
<th>GENDER</th>
<th>DATE OF BIRTH</th>
<th>SCHOOL ATTENDING, IF ANY</th>
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</table>
Section II—Emergency Contacts

List TWO (2) Emergency Contacts for use ONLY if the parents cannot be contacted:

| Name ___________________________ | Cell Phone ___________________ | Call order ___ |
| Address ___________________________ | Home Phone ___________________ | Call order ___ |
| Relationship to child _______________ | Work Phone ___________________ | Call order ___ |

| Name ___________________________ | Cell Phone ___________________ | Call order ___ |
| Address ___________________________ | Home Phone ___________________ | Call order ___ |
| Relationship to child _______________ | Work Phone ___________________ | Call order ___ |

Section III—Child’s Health Information

Child’s chronic medical/health needs:

| History of hospitalizations | Medications (note: a medication form must be completed for each medication administered while in program attendance. Forms are available in the school office) |
| Allergies/Treatments | Dietary Needs or Restrictions |

Child’s immunizations records are attached: ______ yes ______ no
Exempt from immunizations because of religious conviction: ______ yes ______ no

(Exemption form is available in the school office)
Purpose of this form: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Complete EITHER Part I or Part II Below

PART I— TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: __________________________ Phone: __________________________
Dentist: __________________________ Phone: __________________________
Medical Specialist: __________________________ Phone: __________________________
Local Hospital: __________________________ Phone: __________________________

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for 1) the administration of any treatment deemed necessary by above named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2) transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians concur in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning my child’s medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: __________________________

________________________

Date: __________________________ Signature of Parent or Guardian: __________________________

Date Updated: __________________________ Signature of Parent or Guardian: __________________________

PART II—REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: __________________________

________________________

Date: __________________________ Signature of Parent or Guardian: __________________________
Student Name: ___________________________ Date of Birth: __________

Building Enrolled/Preschool Site: ______________________________

Name of Adult Completing Paperwork: ______________________________

Relationship to Student: ______________________________

**Child lives with:**

- [ ] Both Natural/Adoptive Parents—*married at time of birth?*  [ ] Yes  [ ] No
- [ ] Father Only  [ ] Grandparent(s)
- [ ] Mother Only  [ ] Aunt and/or Uncle
- [ ] Foster Family  [ ] Other: explain ____________________________

If the child does not reside with both natural/adoptive parents, please check the parental status:
- [ ] Divorced; current custody document is on file with this school
- [ ] Legally separated; current document is on file with this school
- [ ] Separated—custody not on file (both parents have equal rights regarding custody)
- [ ] Not married at time of birth
- [ ] Intent to gain custody paperwork is currently on file with this school
- [ ] Guardianship
- [ ] Temporary Protection Order (restraining order, or TPO) is currently on file with this school
- [ ] Other parent deceased

I understand the rights of my child's other parent. If a legal separation, divorce or other custody change is initiated, I will furnish a copy of the custody document to the school.

Parent/Guardian Signature: ___________________________ Date: ____________________

Address, City, Zip: ____________________________

Daytime Phone: ___________________________ Cell Phone: ___________________________
The United States Department of Education has issued guidelines regarding the collection of data on race and ethnicity for public school students. The federal government, which requires all states to collect this information, has developed a new way to report ethnicity and race that includes new categories.

| Child’s Name:_________________________________________ | Date of Birth:________________________ |
| Address:_______________________________________________ | Gender:_____________________________ |

**PART 1—Is this student of Hispanic/Latino heritage? (Choose only one answer)**

- _____ No, not Hispanic/Latino
- _____ Yes, Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

**PART 2—RACE- Choose only one category below that best describes your child’s racial identity.**

- _____ American Indian or Alaskan Native
- _____ Asian
- _____ Black/African American
- _____ Hispanic/Latino
- _____ Native Hawaiian or Pacific Islander
- _____ White
- _____ Multi-racial / Other (please indicate which races best reflect your child’s identity)

**Child’s place of birth:_________________________ Country:_________________________**

1. What language did your child speak when he/she was first learning to talk? ____________________

2. What language does your child usually speak at home now? ________________________________

3. What language do you usually use with your child? ________________________________

4. What language do the adults usually speak at home? ________________________________

5. Does someone in your home read English? _____Yes _____No

6. Do you need help with translation? _____Yes _____No

7. Are you a refugee? _____Yes _____No

   *If yes, from which country? ____________________________

8. Are you currently homeless? _____Yes _____No
Child’s name: ___________________________ Date of Birth: __________

_____ My child does NOT currently receive special education services.
If checked, you do not have to complete the rest of this form. Please sign at the bottom.

_____ My child is currently on an ____IEP _____504 Plan

_____ I have provided a current copy of the IEP (Individualized Education Plan)
_____ I do not have a current copy of the IEP

_____ I have provided a current copy of the MFE (Multi-factored Evaluation)
_____ I do not have a current copy of the MFE

_____ I have provided a 504 Plan Statement

Date: __________ Signature of Parent or Guardian: _____________________________
Class Roster & Directory Authorizations

I authorize the following to be listed on the class roster:

- My child’s name: [ ] yes  [ ] no
- Family name: [ ] yes  [ ] no
- Phone numbers: [ ] yes  [ ] no
  - [ ] cell
  - [ ] home
  - [ ] work

Date: ___________  Signature of Parent or Guardian: ________________________________

Annual Class Roster: As required by ODE, each year the program prepares a roster for each group of children. This roster will not be furnished to any persons other than parents of children enrolled in your child’s classroom.

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ASSESSMENT RELEASE

I give my permission to have my child participate in all learning and developmental screenings and assessments which are required by the Ohio Department of Education

<table>
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<tr>
<th>YES</th>
<th>NO</th>
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PHOTOGRAPHY RELEASE

1) I give my permission for my child to be photographed for portfolio projects, classroom bulletin boards, and other uses within the school building where he/she attends.

2) I give my permission for my child to be photographed/video recorded that may be included in articles, publications (i.e. yearbook, class picture), videos, etc. and placed on school websites.

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<tr>
<th>YES</th>
<th>NO</th>
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VISION, HEARING, DEVELOPMENTAL & SPEECH SCREENING RELEASE

I give my permission for the preschool staff and its contractors to administer vision, Hearing, developmental and speech screenings for my child.

<table>
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<tr>
<th>YES</th>
<th>NO</th>
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I have read and have specified in each section, the type of permission I am granting.

Date: ___________  Signature of Parent or Guardian: ________________________________
The following adults are authorized to pick up the above named child from school

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to child</th>
<th>Phone/Cell Numbers</th>
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The following adults are **NOT** permitted to pick up my child

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to child</th>
<th>Description</th>
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The adults named above are authorized to pick up my child in the event I am unable to do so. I will inform them to bring a driver’s license to show the teachers and aides until school staff are familiar with them. I understand that my child will **NOT** be released to anyone not on this list. I understand it is my responsibility to inform the school by written note or phone call, when there is an unforeseen event that would require an unlisted individual to transport my child from school. I will make every effort to keep this list updated.

Date: ______________ Signature of Parent or Guardian: ________________________

To be completed at a later date.

Date Updated: ______________ Signature of Parent or Guardian: ________________________

Date Updated: ______________ Signature of Parent or Guardian: ________________________
Section I: Child Medical Information

Child’s Name: ___________________________ Date of Birth: ______ Gender:  M  F
Height: ______ (___%)  Weight: ___ (___ %)  BP: __________  Pulse: _____  Respiration: ______

General Physical Exam Findings:
Heart ______  Head ______  Eyes ______  Ears ______  Nose ______  Neck ______  Chest ______
Lymphatics ______  Back ______  Abdomen____  Genitalia ___

______ No significant findings were noted during the general physical exam.
______ Limitations or health conditions were noted during exam

Please Specify ____________________________________________
________________________________________________________________________
________________________________________________________________________

ALLERGIES: ____________________________________________

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<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Prescribed For</th>
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</table>

Blood Lead Screening Date: ___  Results: ____  Hematocrit Test Date: ______  Results: _______  %

Vision (Check all that apply)
Within normal limits?  Yes/No (if not, specify: ____________________________)
Wears corrective lenses?  Yes/No
Had Eye Surgery?  Yes/No (if yes, specify: ____________________________)

Hearing (Check all that apply)
Within normal limits  Yes/No (if not, specify: ____________________________)
______ History of frequent ear infections  Yes/No
______ PE Tubes Inserted Yes/No (Date: __________)  Other: ____________________________
Diagnosed Disorders/Syndromes (Check all that apply)

- Seizure Disorder (specify type and frequency)
- Cerebral Palsy (Specify Impact)
- Down Syndrome
- Atlantoaxial Instability X-Ray: ______ completed (positive/negative) ______ not completed
- Pervasive Developmental Disorder (Specify)
- Diabetes
- Mental Health Disorder

Behavioral Concerns: Circle all that apply

- Hyperactivity
- Distracted
- Short attention span
- Withdrawn
- Aggression
- Anxiety

Other (Explain) ____________________________________________________________

IMMUNIZATION RECORD

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Dose 3</th>
<th>Dose 4</th>
<th>Dose 5</th>
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<tr>
<td>DPT, DTaP, or DT/pediatric (Diphtheria, Tetanus, Pertussis)</td>
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<tr>
<td>Polio Vaccine</td>
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<td>Hepatitis B</td>
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<td>Hib (Haemophilus Influenza Type B)</td>
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<td>Varicella Zoster (Chicken Pox)</td>
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<tr>
<td>MMR (Measles, Mumps, Rubella)</td>
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<tr>
<td>Hepatitis A</td>
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<tr>
<td>Influenza</td>
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<td>Pneumococcal</td>
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<td>Tuberculosis Test required for all students born outside of the US</td>
<td>______ Negative</td>
<td>______ Positive</td>
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Immunizations: ______ complete for age ______ in progress

Exempt from Immunization for: ______ religious conviction ______ medical reasons*

* Doctor’s exemption statement form is available in the school office

I certify that no communicable disease is evident at the time of this examination and the child may attend a preschool program.

Examination Date: ____________________________

Physician’s Signature (Indicate: MD, DO, or NP) ___________ Date ___________

Phone Number: _________________

Address: ___________________________

Revised 2/4/19
Child Dental Exam Record

To be completed by your Dentist

Please fax this form to: _______________
Attention: ________________

Exam Date: ____________

Child’s Name: __________________________

O Male O Female

Birth Date: __________________________

Address: ________________________ City/Zip __________

Exam Completed By: _______ DMD _______ RDH _______ Other: Specify ______________

Evaluation Type: _______ Exam _______ Screening

Mouth and Structures:

Normal appearance and function? _______ Yes _______ No

Abnormalities Noted: ________________________________

Today’s Visit Included:

- Visual Screening
- Full Exam
- X-rays
- Cleaning
- Fluoride Treatment
- Oral Hygiene Instruction
- Treatment (describe)

Future Treatment:

- No Needs
- Treatment is Needed

Next Appointment
Date: __________

Treatment Plan:

Dental Professional’s Signature: __________________________
Exam Completion Date: ______

Printed or Stamped Name: __________________________
Phone: __________
Address of Provider: __________________________
Dear Families/Guardians,

Kettering’s Pathfinder Preschool Programs serves students who are on track to attend full-day kindergarten the following school year. You may be wondering what it means to be “on track”.

Kettering’s Integrated Preschool Programs need typically developing students who can serve as peer mentors for our students with special needs, especially in the areas of communication and behavior. You may be wondering what it means to be a “peer mentor”.

Below is a listing of age-appropriate behaviors for children between the ages of 3 and 5.

Please complete the checklist by circling ‘Yes’ or ‘No’ to describe your child’s current behavior, most of the time:

1. No Yes My child is toilet trained (wears underwear, not pull-ups) and lets an adult know when she/he needs to use the restroom.
2. No Yes My child is able to communicate his/her feelings (including sadness and frustration) using words that can be understood.
3. No Yes My child is able to attend to a non-preferred adult-directed activity for the same number of minutes as his/her age.
4. No Yes My child is able to drink from an open cup with minimal spillage.
5. No Yes My child is able to play independently for at least 5 minutes (not including items with a screen).
6. No Yes My child is able to follow simple directions from adults, without protest, most of the time.
7. No Yes My child does not have a temper tantrum or run away, when told “no”.
8. No Yes My child is independent in self-care (ex. can pull up pants or put on coat).
9. No Yes My child interacts with other children and adults appropriately, keeping hands and feet to self.
10. No Yes My child is able to calm her/himself without the use of pacifiers, blankets or bottles at school.

Please complete the form below to indicate that your responses are accurate. We reserve the right to contact you to schedule a meeting if the behavior you describe is different in the school environment.

If you have concerns about your child’s development and suspect a disability, please call us for information about the referral process for a free screening:

Julia Timberlake, Parent Mentor – 937-499-1460
Dawn Potter, Preschool Special Education Coordinator – 937-499-1536

Child’s Name: ___________________________________________ Date of Birth: __________________________

Parent/Guardian’s Name (print): ____________________________________________

Signature: __________________________________________ Date: __________________________
If you are applying for tuition assistance through Kettering Schools and/or Preschool Promise, you will need to complete the Early Childhood Education Eligibility Screening Tool and provide the appropriate income verification. Tuition waivers are determined on a first come, first served basis for the 2021-2022 school year.

★★Applications will NOT be accepted without income verification★★
We do require you to re-apply and provide updated income documentation every school year.

<table>
<thead>
<tr>
<th>Income Documentation Accepted:</th>
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<tbody>
<tr>
<td>2020 Tax Return for <strong>all</strong> working adults in the household</td>
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<tr>
<td>or</td>
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<tr>
<td>Four recent, consecutive weeks of paystubs for <strong>all</strong> working adults in the household</td>
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</table>

**If Applicable:** You must include income from self-employment, unemployment, disability, child support, spousal support, retirement, benefits from social security, or any other household income.

**Types of Assistance Available:**

- **The Integrated Preschool** offers families of typically developing peer mentor students who reside in the Kettering School District either reduced fees or fee waivers, based on family income and household size.

- **Pathfinders Preschool** has a limited number of scholarships available for children who are FOUR YEARS OLD, RESIDE IN MONTGOMERY COUNTY, AND ARE NOT ELIGIBLE TO GO TO KINDERGARTEN IN THE 2021-2022 SCHOOL YEAR. Reduced fees are granted according to the family income and household size.

- **Montgomery County Preschool Promise** offers additional tuition assistance to ALL families of four year old children who will be eligible for kindergarten in the 2022-2023 school year. The family must reside in Montgomery County and have completed the tuition assistance process. Applying for Preschool Promise is easy... just complete the information attached with the signed release. They will review your documentation and reduce your tuition payment even further!
How do I apply for Early Childhood Education Services (ECE)?

- Complete the screening tool, JFS 01121.
- Submit this form to your provider.
- Do not submit the form to the Ohio Department of Education.
- Your provider will let you know if you qualify.

How do I apply for Publicly Funded Child Care?

- Complete the screening tool, JFS 01121, and the JFS 01122 Publicly Funded Child Care Supplemental Application, answering as many questions as you can. Be sure to sign both forms.
- Submit both the JFS 01121 and JFS 01122 to your local county agency.
- Attach verifications to the JFS 01122 (see verification requirements below).
- A verifications checklist will be mailed to you within 10 days of your application date if more information is needed to make a decision on your case.
- You will have 30 days from the date the county receives your application to provide all needed information.

What verifications do I need for publicly funded child care?

- **Proof of income:** Verification of income includes but is not limited to paystubs, tax records, award letters, child support orders, etc.
- **Proof of any child support paid.**
- **Proof of citizenship or qualified alien status for children in need of care:** If the county agency verifies that you have already provided proof of citizenship to qualify for OWF, you will not have to provide it a second time.
- **Proof of a qualifying activity for all caretakers in the household:** Verification of a qualifying activity includes but is not limited to an official school schedule, work schedule, employment verification, self-sufficiency contract, etc.
- **Provide the name and address of an eligible child care provider chosen for each child in need of care.** (See below for tips on choosing a provider).

What is Step Up To Quality?

Step Up To Quality helps families identify child care programs that go beyond the minimum standards of licensing. Star rated programs demonstrate higher levels of quality in a variety of ways. For more information, visit the ODJFS child care website at [http://jfs.ohio.gov/cdc/index.stm](http://jfs.ohio.gov/cdc/index.stm) and click on "Step Up To Quality."

How do I choose a Provider?

**ECE:** If you would like to view a map of early childhood education providers, visit [http://education.ohio.gov/Topics/Early-Learning/Early-Childhood-Education-Grant](http://education.ohio.gov/Topics/Early-Learning/Early-Childhood-Education-Grant).

**Publicly Funded Child Care:** Parents may select any program approved to offer publicly funded child care. These programs include centers, family child care homes and in-home aides located throughout the state of Ohio.

- If you would like assistance with selecting a publicly funded child care provider, you may contact your local Child Care Resource and Referral Agency. Visit [http://jfs.ohio.gov/cdc/families.stm](http://jfs.ohio.gov/cdc/families.stm) for contact information.
- You may use the ODJFS Child Care Directory to look for programs that fit your child care needs at [http://childcaresearch.ohio.gov/](http://childcaresearch.ohio.gov/). The directory allows you to search by location, type of program, services offered and days and hours of operation. Information is provided about each program including Step Up To Quality rating, any additional accreditation or affiliation, licensing inspections and substantiated complaints.

Continued on next page
<table>
<thead>
<tr>
<th>Question</th>
<th>ECE:</th>
<th>Publicly Funded Child Care:</th>
</tr>
</thead>
<tbody>
<tr>
<td>When will my eligibility begin?</td>
<td>You will be notified by your provider when you may begin care.</td>
<td>Your eligibility for the publicly funded child care program is determined within 30 days from the date the signed application is received by the county. If this application is approved and you are eligible for child care benefits, the county agency may authorize payment for child care from the date the county received this application.</td>
</tr>
<tr>
<td>How do I get help with completing this application?</td>
<td>If you need assistance with this application, ask your provider.</td>
<td>If English is not your primary language, the county agency will provide someone who can help you understand the questions on this application. If you have a disability, are hearing impaired or visually impaired, the county agency will help you complete this application.</td>
</tr>
<tr>
<td>What if my child has a disability or I suspect my child may be developmentally delayed?</td>
<td>- To learn more about Medicaid health screenings and early intervention services for your child, please visit the Ohio Department of Job and Family Services child care website at <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a> and click on &quot;Families.&quot;&lt;br&gt;- Publicly Funded Child Care: Your child care provider may qualify for additional assistance if they must make special adaptations for your child. Your provider may contact your county agency for more information.</td>
<td></td>
</tr>
<tr>
<td>How do I make a complaint about a provider?</td>
<td>ECE (ODE): If the program is licensed by ODE, call 614-466-0224.</td>
<td>Publicly Funded Child Care (ODJFS): If the program is licensed by ODJFS, call 1-877-302-2347, option 4</td>
</tr>
</tbody>
</table>
# EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

## Tell us about you (the applicant)

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>Today’s Date</th>
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<thead>
<tr>
<th>City</th>
<th>State</th>
<th>County</th>
<th>Zip Code</th>
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<thead>
<tr>
<th>Phone Number</th>
<th>Additional Phone Number</th>
<th>E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

## Tell us about the people in your home

<table>
<thead>
<tr>
<th>Name (First, Middle, Last)</th>
<th>Relationship to You (spouse, son, friend, etc.)</th>
<th>Race</th>
<th>Hispanic or Latino Y or N</th>
<th>Spoken Language</th>
<th>Date of Birth</th>
<th>Gender M or F</th>
<th>U.S. Citizen Y or N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self</td>
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- African American
- Alaska Native/American Indian
- Asian
- Caucasian
- Hawaiian/Pacific Islander

- Hispanic or Latino Y or N

- Spoken Language

- Date of Birth

- Gender M or F

- U.S. Citizen Y or N
<table>
<thead>
<tr>
<th>Child 1</th>
<th>Provider Name and Address</th>
<th>Child's Needs</th>
<th>What hours/days do you need services? (i.e. child care or preschool) Check all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Do you have concerns about your child's growth and/or development?</td>
<td>□ Yes □ No</td>
<td>□ Sun □ Mon □ Tues □ Wed □ Thurs □ Fri □ Sat</td>
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<td>Describe:</td>
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<td>□ Mornings □ Afternoons □ Evenings</td>
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<td></td>
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<td>□ Weekends</td>
</tr>
<tr>
<td>Child's Mother's Maiden Name</td>
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<td></td>
<td>What is the child’s home school district?</td>
</tr>
<tr>
<td>Child's City of Birth</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Child 2</th>
<th>Provider Name and Address</th>
<th>Child's Needs</th>
<th>What hours/days do you need services? (child care or preschool) Check all that apply</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td>Do you have concerns about your child's growth and/or development?</td>
<td>□ Yes □ No</td>
<td>□ Sun □ Mon □ Tues □ Wed □ Thurs □ Fri □ Sat</td>
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<td>Describe:</td>
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<td>□ Mornings □ Afternoons □ Evenings</td>
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<td>□ Weekends</td>
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<tr>
<td>Child's Mother's Maiden Name</td>
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<td>What is the child’s home school district?</td>
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<td>Child's City of Birth</td>
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<tr>
<th>Child 3</th>
<th>Provider Name and Address</th>
<th>Child's Needs</th>
<th>What hours/days do you need services? (child care or preschool) Check all that apply</th>
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<tbody>
<tr>
<td>Name</td>
<td>Do you have concerns about your child's growth and/or development?</td>
<td>□ Yes □ No</td>
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<td>Describe:</td>
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<td>□ Weekends</td>
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<tr>
<td>Child's Mother's Maiden Name</td>
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<td>What is the child’s home school district?</td>
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<tr>
<td>Child's City of Birth</td>
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</tbody>
</table>
**Tell us about your finances**

Will you or the people in your home receive income this month?  □ Yes □ No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers’ Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of Income</th>
<th>Amount of Income (before taxes)</th>
<th>How OftenReceived (weekly, bi-weekly, etc)</th>
<th>Date LastReceived</th>
<th>Work or School Schedule (please list times)</th>
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<td>□ Sun _____ □ Mon _____ □ Tues _____ □ Wed _____</td>
<td>□ Sun _____ □ Mon _____ □ Tues _____ □ Wed _____</td>
</tr>
</tbody>
</table>

Do you or anyone in your household pay Child or Spousal Support?  □ Yes □ No

How Much?

Signature of Applicant

Date
2021-2022 Kettering City Schools & Preschool Promise

For children who turn 4 by August 1, 2021 and live in Montgomery County

Child’s Name: ____________________________________________________________

By completing this application your child will be signed up for Preschool Promise. Being a part of Preschool Promise comes with the following benefits: Tuition assistance to help off-set the cost of Preschool (if eligible), monthly postcards with helpful kindergarten readiness tips, a birthday card for your child, invitations to Preschool Promise events, access to the Preschool Promise Family Facebook page, materials for your child’s classroom, and your child’s teacher will receive free training and professional development. The release below gives Preschool Promise permission to gather basic information about your family that you have already given to Kettering City Schools so you don’t have to complete another application.

I hereby allow Preschool Promise, Inc. and other associated and sponsoring agencies to collect and share data about my child’s preschool assessment scores, including but not limited to, school attendance, K-3 reading intervention/special needs participation, and any other state standardized achievement assessment scores now and in the future. This will only be used for research and/or funding purposes. Preschool Promise shall comply with the Family Educational Rights and Privacy Act, 20 U.S.C. Section 1232g, as applicable. Further, in order to help with the completion of this application, I hereby authorize my child’s school district, Miami Valley Child Development Centers, and/or the Montgomery County Job and Family Services to release to Preschool Promise, Inc. certain information regarding my family and/or my child that it may have on file or in its databases, including but not limited to the child’s date of birth, household size, household income, residency, custody information, and child care authorization stating weekly co-payment (if requesting tuition assistance) and any other family and demographic information outlined and requested in this application. I hereby consent to such disclosure of my family and my child’s information by my child’s school district, and/or Miami Valley Child Development Centers, and/or the Montgomery County Dept. of Job and Family Services to Preschool Promise, Inc. I, as the parent/legal guardian of the child, authorize Preschool Promise, Inc. to release any information in the application to individual preschool providers for the purpose of record keeping, audits and improving access to quality preschool education. By participating in Preschool Promise, you agree to receive Preschool Promise information and Kindergarten Readiness Tip messages via text platforms ParentPowered and One Call Now. You agree to receive multiple messages from both providers, including up to four messages per week from ParentPowered. You also agree to the ParentPowered PBC Terms of Use, available at parenpowered.com/terms.html and Privacy Policy available at parenpowered.com/privacy.html as well as One Call Now’s terms and conditions, available at www.onecallnow.com/service-agreements/ and Privacy Policy available at https://www.onsolve.com/privacy-statement/.

Data & message rates may apply. You can cancel your receipt of ParentPowered text messages any time by texting STOP to 70138. For help with ParentPowered text HELP to 70138 or email us at support@parenpowered.com. You may cancel your receipt of One Call Now text messages at any time by “opting out” when prompted or following the instructions provided in the terms and conditions information referenced above. If receiving tuition assistance, I understand that if my child attends less than 60% of his/her scheduled service days for two months, not necessarily consecutively, I will no longer be eligible for tuition assistance. If your child attends fewer than 60% of his or her scheduled days/month, you and your provider will receive a letter stating that the child is on an “Attendance Inquiry” list. If your child misses more than 60% of his or her scheduled days a second month (not necessarily consecutively), you will lose all future tuition assistance. Families that experience extreme hardships that cause their children to fall below the attendance requirement may request special consideration and, if their appeal is granted, they may not lose their eligibility and tuition assistance. Those exceptions will be considered on a case-by-case basis. If your child changes providers in the middle of a month, tuition assistance will not be awarded to the new program until the following month, unless the family can prove an immediate transfer was required. You will be responsible for the difference in payment to the provider. The exception to this policy is for school districts where there is a Preschool start date in the middle of the month to follow the school year. Payment for that month will be prorated.

Guardian’s Signature __________________________________________ Date __________________________

For help with ParentPowered text HELP to 70138 or email us at support@parenpowered.com. You may cancel your receipt of ParentPowered text messages any time by “opting out” when prompted or following the instructions provided in the terms and conditions information referenced above. If receiving tuition assistance, I understand that if my child attends less than 60% of his/her scheduled service days for two months, not necessarily consecutively, I will no longer be eligible for tuition assistance. If your child attends fewer than 60% of his or her scheduled days/month, you and your provider will receive a letter stating that the child is on an “Attendance Inquiry” list. If your child misses more than 60% of his or her scheduled days a second month (not necessarily consecutively), you will lose all future tuition assistance. Families that experience extreme hardships that cause their children to fall below the attendance requirement may request special consideration and, if their appeal is granted, they may not lose their eligibility and tuition assistance. Those exceptions will be considered on a case-by-case basis. If your child changes providers in the middle of a month, tuition assistance will not be awarded to the new program until the following month, unless the family can prove an immediate transfer was required. You will be responsible for the difference in payment to the provider. The exception to this policy is for school districts where there is a Preschool start date in the middle of the month to follow the school year. Payment for that month will be prorated.

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Guardian’s Signature __________________________________________ Date __________________________
Date: ______________

Re:

Your application for a tuition waiver for the Kettering Schools Preschool Program for the 2021-2022 school year submitted for the above-named student has been reviewed and the following action has been taken:

( ) Approved for full waiver tuition
( ) Approved for Reduced tuition at the rate of $360 annual tuition
( ) Approved for Reduced tuition at the rate of $900 annual tuition
( ) Denied because criteria are not met (income is too high for family size)
( ) Has not been received. Payment of $180.00 per month is due until your waiver application is processed and an updated Preschool Tuition Payment Contract is signed.
( ) Preschool Promise is covering $__________/month in tuition assistance.

If your child is approved for a free or reduced tuition rate based on family income, you must notify the Preschool Enrollment Specialist, 499-1456, when your household income increases by more than $50 per month ($600 per year) or when the household size decreases.

Please review, sign and return your Integrated Preschool Tuition Payment Contract to your child’s preschool. The monthly payment is due at the beginning of each month to the school office. Your first payment for the months of August and September are due to the school office by Friday, August 13. Late payments after August 13 will be assessed a $20 late fee and your child’s first day of preschool will be delayed - please see the Payment Contract for dates. Families are welcome to pay monthly, several months of tuition or tuition for the year. Cash, checks and money orders are accepted at your school office.

You may reapply for benefits at any time during the school year. If you are not eligible now but have a decrease in household income, become unemployed, or have an increase in family size, please resubmit an application with updated income information.

Sincerely,

Dawn Potter
Special Education Coordinator, Kettering City Schools Integrated Preschool
1) Allow Preschool Promise to use photos/videos of my child in the promotion of Preschool Promise?  □ Yes  □ No

2) Your highest level of education:  □ Some High School  □ High School/GED  □ Some College  □ Associate’s  □ Bachelor’s  □ Master’s  □ Ph.D

3) Child’s T-Shirt Size:  □ Youth XS (2-4)  □ Youth S (6-8)  □ Youth M (10-12)  □ Youth L (14-16)

4) Primary Guardian’s T-Shirt Size:  □ S  □ M  □ L  □ XL  □ 2XL  □ 3XL  □ 4XL  □ 5XL

Preschool Promise Research Consent

Preschool Promise is helping Preschools in Montgomery County keep improving. The University of Dayton’s Richard Stock and Mary Fuhs are doing research to learn what instruction benefits children the most. We would like your child to be part of our research. If you agree, we will collect information regarding your child during Preschool and the K – 3rd grade years, including your child’s school assessments, surveys about your child’s Kindergarten experience, attendance and demographic information, and their state student ID number.

Also, we will randomly select Preschools for more in-depth individual assessments. If your child’s school is selected, your child will be asked to do short assessments at their school in the Fall and again in the Spring. One assessment is a card game played on an iPad that is similar to the game Simon Says (5-7 minutes). Others involve picture books and asking questions about literacy, math, and language (15 - 20 minutes). Children typically enjoy doing these assessments but may stop participating at any time without any consequences. These assessments will be done in the classroom or hallway at school.

All of this information is routinely collected by schools as part of their normal procedures and will be treated confidentially and securely stored.

Your child’s name will be kept separate from all assessment data we collect. Your name and your child’s name will not be shown or published anywhere. Preschools may be given results from our assessments to improve their teaching, but all scores will be classroom or center/school averages. No child’s individual score will be shared.

Please feel free to contact us at any time: Richard Stock, (937) 229-2453, rstock1@udayton.edu, Mary Fuhs, (937) 229-2775, mfuhs1@udayton.edu. You also may contact the chair of the University of Dayton Research Review and Ethics Committee, Benjamin Kunz, Ph.D., at (937) 229-2678 or rrec@udayton.edu.

I voluntarily agree to allow my child to participate in this study. The researchers have answered all my questions about procedures and my participation. I understand that the research team will be available to answer any questions I have in the future. I also understand that I may end my participation in this research at any time without penalty and that the research team may end my participation as well. Leaving the study or choosing not to participate will in no way affect our family’s participation in Preschool Promise. I am 18 (eighteen) years of age or older.

________________________________________  ____________________________
Signature of Parent/Date                 Parent’s Name (printed)

________________________________________
Child’s Name

________________________________________  ____________________________
Child’s Date of Birth                     Child’s Gender

________________________________________
Home Address / City / Zip Code

The University of Dayton supports researchers’ academic freedom to study topics of their choice. The topic and/or content of each study are those of the principal investigator(s) and do not necessarily represent the mission or positions of the University of Dayton.

□ I do not wish to participate in Preschool Promise. I understand that if I “opt out” of participation in Preschool Promise I forfeit tuition assistance and the other benefits for my family and my child’s classroom.

Revised 2.12.2021 | Page 2 of 2
Welcome to Kettering City School’s Integrated Preschool Peer Mentor Program! As a participating family in Kettering’s Integrated Preschool Peer Mentor Program your yearly tuition due is $1800. Broken down into 10 monthly payments, this equals an initial payment of $360 for August and September due in August then $180 due each month October through April of the school year. **Your first payment of $360 is due to the school office by August 13th.** Non-payment will result in a delay of your child starting preschool on the first day of preschool August 16th. Tuition Waivers are available to our families who complete the waiver application and provide income information for the household. Waivers are awarded based on the current USDA Income Eligibility Guidelines. A full waiver pays the full tuition of $1800 for the year. A partial waiver reduces yearly tuition to $300 or a monthly parent payment of $30.

Preschool students attending Kettering’s Integrated Preschool Peer Mentor Program are expected to attend preschool consistently. Children need to be present and participating at school each day. By signing the Preschool Tuition Payment Contract, you are committing to paying your child’s tuition for the 2021-2022 school year as outlined below and to getting your child to school on time each day. Students receiving a partial or full waiver must have at least 75% attendance each month (missing 4 days or less in a month). If your child misses 4 or more days in a month you will be notified of their poor attendance. The following month’s attendance should be 75% or higher or waiver assistance will be discontinued and the family will be responsible for the full tuition amount of $180 each month for the remainder of the school year.

<table>
<thead>
<tr>
<th>Tuition for the month of:</th>
<th>Is due by:</th>
<th>$20 late fee applies on:</th>
</tr>
</thead>
<tbody>
<tr>
<td>August and September</td>
<td>August 13</td>
<td>August 16</td>
</tr>
<tr>
<td>October</td>
<td>September 1st</td>
<td>September 7th</td>
</tr>
<tr>
<td>November</td>
<td>October 4th</td>
<td>October 11th</td>
</tr>
<tr>
<td>December</td>
<td>November 1st</td>
<td>November 9th</td>
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<tr>
<td>January</td>
<td>December 1st</td>
<td>December 7th</td>
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<tr>
<td>February</td>
<td>January 3rd</td>
<td>January 10th</td>
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<tr>
<td>March</td>
<td>February 1st</td>
<td>February 8th</td>
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<tr>
<td>April</td>
<td>March 1st</td>
<td>March 8th</td>
</tr>
<tr>
<td>May</td>
<td>April 4th</td>
<td>April 11th</td>
</tr>
</tbody>
</table>

Students with tuition past due for more than one month may be excluded from programming until their account is paid and current.

Annual Tuition Amount: $1800
Tuition Waiver Amount: -
Preschool Promise Amount: -
New Tuition Amount: =

Total Monthly Tuition Due: $ 

Parent Signature ___________________________ Date __________
Welcome to the Kettering Early Childhood Education Program. Our full tuition rate for this program is $450.00 per month, or $4,275.00 for a 9 ½ month school year.

Your program and income level is outlined above. Your tuition amount is $450.00 per month; the August payment of $225.00, PLUS the September payment of $450.00 for a total payment of $675.00 is due by August 13, 2021. (Refer to the chart below). This payment must be received before your child may start. Thereafter, your monthly payment is $450.00. Cash, Check or Money Orders are acceptable also new this year you can pay online at myprocare.com please see the enclosed directions. Please make your payment out to KCSD and mail it to 2600 Holman St., Moraine, OH 45439. Put your child’s name and the program the payment is for in the memo portion. Please do not send cash through the mail.

Your child’s start date is August 16, 2021. Payment must be paid now, to get on the schedule below; thereafter, tuition is due one month in advance. If we do not receive payment as outlined below your child will be unable to attend our Program until your account is current. Refer to the following schedule for payment due dates for the rest of the school year.

<table>
<thead>
<tr>
<th>For the month of:</th>
<th>Payment due by:</th>
<th>$20.00 Late fee applies after:</th>
<th>Non-payment Child will not be able to attend after:</th>
</tr>
</thead>
<tbody>
<tr>
<td>August</td>
<td>August 13th</td>
<td>August 13th</td>
<td>August 19th</td>
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<tr>
<td>September</td>
<td>August 13th</td>
<td>August 13th</td>
<td>August 19th</td>
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<tr>
<td>October</td>
<td>September 1st</td>
<td>September 1st</td>
<td>September 9th</td>
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<td>November</td>
<td>October 1st</td>
<td>October 1st</td>
<td>October 8th</td>
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<tr>
<td>December</td>
<td>November 1st</td>
<td>November 1st</td>
<td>November 5th</td>
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<td>January</td>
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<td>December 10th</td>
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<td>February</td>
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<td>February 11th</td>
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<tr>
<td>April</td>
<td>March 1st</td>
<td>March 1st</td>
<td>March 11th</td>
</tr>
<tr>
<td>May</td>
<td>April 1st</td>
<td>April 1st</td>
<td>April 8th</td>
</tr>
</tbody>
</table>

I agree to the payment terms above, and understand that my child will be removed from the program if my tuition is not paid according to the above schedule. I also understand that my child will be unable to start if we have a past due balance.

Parent’s Signature ___________________________________________ Date: _______________________

Parents Name (Printed) _______________________________________

Return Payment with Original Contract, signed and dated, by ____________________________