

Preschool Application

For the 2023-2024 School Year

*Revised February 2023

Dear Parents and Guardians,

In order for your child to be considered for acceptance into the Bedford City Schools Preschool Program, you must complete and return these items to:

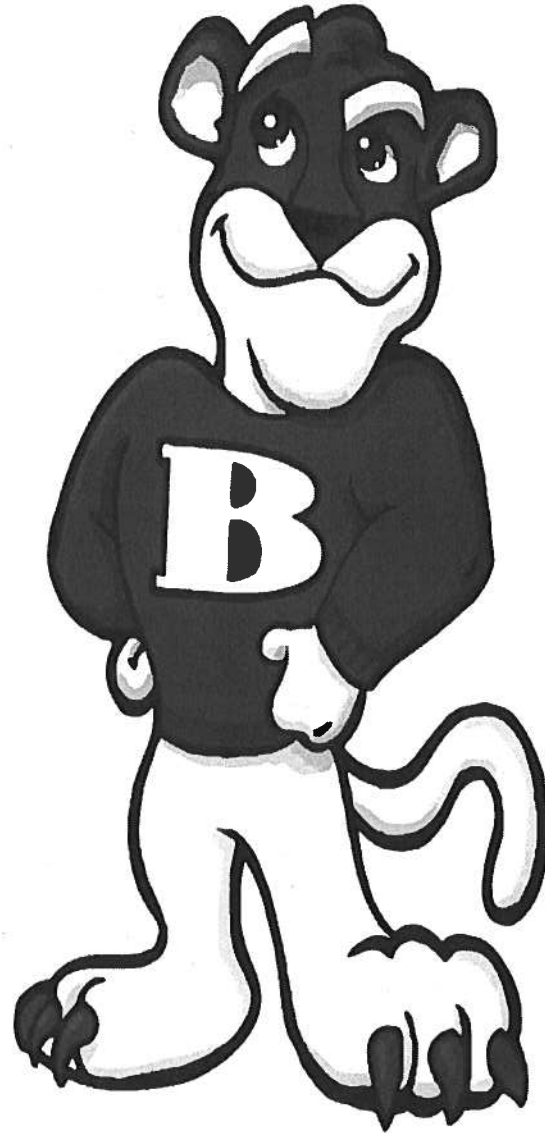
Mary Catherine Ratkosky

475 Northfield Rd

Bedford, OH 44146

- ❖ Application Form (page 3)
- ❖ Photo & Roster Permission (page 4)
- ❖ Health Screening Form (page 5)
- ❖ Acknowledgement of Privacy Practices (page 6)
- ❖ Child Plus Application (page 7)
- ❖ Proof of Income
 - at least one of the following **must be attached** to your returned application
 - W-2's for all income
 - 1040's for all income
 - Two most recent paystubs
 - Public assistance letter

- ❖ Income & Residency Verification Form **must** be completed at a later date either electronically or on paper



Applications will be accepted through **Friday, May 19, 2023** to be considered for the lottery **for new preschool students**. Applications received after this date will be placed on a wait list, should a spot become available.



Bedford City Schools

Full Time Programming

Please read the following in its entirety for full understanding of program requirements

Program:

- Full time session is Monday through Friday with every third Friday of the month for a records day for staff members, therefore, school is not in session.
- Hours of operation:
 - Glendale Primary School
 - 8:05 AM - 3:00 PM
 - Drop off = 8:05 AM - 8:15 AM
 - Tardy bell = 8:15 AM
 - Pick up = 2:50 PM - 3:00 PM
 - Central Primary School
 - 8:20 AM - 3:00 PM
 - Drop off = 8:20 AM - 8:30 AM
 - Tardy bell = 8:30 AM
 - Pick up = 2:50 PM - 3:00 PM

Participation Requirements:

- **Children must be four years old on or before September 30th for the full time classroom.**
 - *Please note, to enter Kindergarten, your child must be five on or before August 1st.*
- Compliance with preschool regulations, which includes required paperwork/physicals, and conferences
- Compliance with the communicable disease policy, including requirements for immunizations and physical examination prior to school entrance
- **Transportation will not be provided.** It is the parent's responsibility to transport the child to and from school
- Children must maintain a positive attendance record to avoid exclusion from the program
- Parents are required to drop off and pick up their children on time to avoid exclusion from the program
- **Tuition is \$95.00 per week**, which is billed monthly.
 - Dates determined according to each school year calendar.
 - Poverty guidelines will be utilized to determine a sliding fee schedule/reduced tuition for students.
 - Vouchers are not accepted.
 - Verification of all household income is mandatory.

Application procedure:

- Please refer to the mandatory forms needed which are located on the front page of the application.
 - Upon acceptance into the program, more forms will be required to be completed per the state.
- Return application packet to: Mary Catherine Ratkosky at 475 Northfield Rd.
 - *If incomplete*, the family will be notified detailing the required information that is missing. An opportunity to resubmit will be given.
- All applicants will be notified regarding acceptance into the programming by phone or letter
 - Directions on how to enroll/register your student will be provided after acceptance into the program
 - Families will receive and sign a tuition payment calendar that details financial obligations and payment schedule
 - Once slots are filled, a wait list will be established.



Bedford City Schools

Part Time Programming

Please read the following in its entirety for full understanding of program requirements

Program:

- AM Session: Monday through Thursday
 - Glendale Primary School
 - 8:25-11:10 AM
 - Tardy bell at 8:40 AM
 - Central Primary School
 - 8:30 AM - 11:10 AM
 - Tardy bell at 8:40 AM
- PM Session: Monday through Thursday
 - Glendale & Central Primary School
 - 12:30 PM - 3:10 PM
 - tardy bell at 12:40 PM
- Child's placement is completed by staff. Special requests cannot be considered.
- Children will meet criteria for peer models, as determined by Bedford City Schools

Participation Requirements:

- **Children must be three years old on or before August 1**
- Compliance with preschool regulations, which includes required paperwork/physicals, and conferences
- Compliance with the communicable disease policy, including requirements for immunizations and physical examination prior to school entrance
- **Transportation will not be provided.** It is the parent's responsibility to transport the child to and from school
- Children must maintain a positive attendance record to avoid exclusion from the program
- Parents are required to drop off and pick up their children on time
- **Fee is \$20.00 per week**, which is billed monthly.
 - Dates determined according to each school year calendar.
 - Poverty guidelines will be utilized to determine a sliding fee schedule/reduced tuition for students.
 - Vouchers are not accepted.
 - Verification of all household income is mandatory.

Application procedure:

- Please refer to the mandatory forms needed which are located on the front page of the application.
 - Upon acceptance into the program, more forms are required to be completed per the state.
- Return application packet to: Mary Catherine Ratkosky at 475 Northfield Rd.
 - *If incomplete*, the family will be notified detailing the required information that is missing. An opportunity to resubmit will be given.
- All applicants will be notified regarding acceptance into the programming by phone or letter
 - Directions on how to enroll/register your student will be provided after acceptance into the program
 - Families will receive and sign a tuition payment calendar that details financial obligations and payment schedule
 - Once slots are filled, a wait list will be established.



Bedford City School District

Application Form

Reminder:

*Students must be 3 years old on or before August 1st for the part time program.

*Students must be 4 years old on or before September 30th for the full day program.

Child's Name: _____ Gender: Female or Male

Address: _____ City: _____

Date of Birth: _____

Parent or Guardian's Name: _____

Parent or Guardian's Phone Number(s): _____

Parent or Guardian's Email address: _____

*Please contact the district throughout the application period to update any changes to contact information, including a current phone number.

Family Preference: _____ Part Time Program _____ Full Time Program

*Family preference is not guaranteed; efforts will be made to accommodate family preferences, but please understand there is not a guarantee.

Parent or Guardian's Signature: _____ Date: _____

Office use ONLY:

UPK/part	UPK/full	ECE	PL %	EMIS PL %
Age before August 1st 3, 4, 5	Home School: Central or Glendale	Amount for Tuition Contract: _____		

Classroom Assignment: _____

Bedford City School District

The following information is needed to meet the criteria required by the

Ohio Department of Education Preschool Law 3301-37 and 3301-38

Child's Name: _____

Parent's Name: _____ (print)

Parent's Signature: _____

Date: _____

Roster Verification: A roster will be created for each classroom and provided upon request.

_____ I give permission to include my child's name, parent name, address, and phone number on the roster.

_____ I do **not** give permission to include my child's name, parent name, address and phone number on the roster.

Permit to Photograph: Photo's and video's taken of your child can be used in district and school publications such as newsletters, brochures, newspapers, websites and other district approved social media platforms.

_____ I give permission for my child to be photographed and/or videotaped for the above listed purposes.

_____ I do **not** give permission for my child to be photographed or videotaped for the above listed purposes.

Child Release Information:

In the event that you cannot be reached, our school personnel will check our District database to authorize that your child can be released to individuals that have been identified by you. In order for this information to be current, please update Final Forms. Thank you.





CUYAHOGA COUNTY
Invest in Children



Universal Pre-Kindergarten Health Screening Resources

Universal Pre-Kindergarten Health Screening Requirement Acknowledgement Form

Dear Parent(s)/Caregiver,

As part of the Universal Pre-Kindergarten program your child may be asked by the provider to have certain health screenings. These health screenings are not mandatory for UPK admission; however certain screenings may help prevent future problems with your child's health. Some of these screenings may be offered by your child's preschool. If not, a list of resources is attached for those screenings that may be provided by your child's preschool.

Thank you!

Below is a list of recommended screenings that may be asked for by the provider:

- ❖ Lead screening
- ❖ Hematocrit/Hemoglobin screening
- ❖ Dental screening
- ❖ Vision screening
- ❖ Hearing screening

Your signature below verifies that you are aware of the medical screenings your child needs; confirms that you received the necessary forms for your doctor or dentist to complete; and confirms that you received the list of local resources available to assist you with completing the medical screenings.

Child's Name

Parent/Caretaker

Site Manager/Representative

Date

Date

Original to Parent

Copy to Child's File

Starting Point

4600 Euclid Avenue Suite 500
Cleveland, Ohio 44103
(216) 575-0061

**ACKNOWLEDGEMENT OF RECEIPT OF THE
NOTICE OF PRIVACY PRACTICES**

I, the undersigned, acknowledge that I have received and have been given the opportunity to review the Cuyahoga County Universal Pre-Kindergarten Program Notice of Privacy Practices. I understand that I will be given additional copies of this Notice of Privacy Practices any time at my request.

Preschool Provider: _____

Please list enrolled children ages 3 to 5 years (not in kindergarten):

First Name	Middle Name	Last Name	Date of Birth

Name of Parent/Guardian _____

Address _____

Telephone
Home _____ Work _____

Signature _____ Date _____

Print Name _____

Original: UPK/PRE4CLE file

Copy 1: Starting Point
Attn: Julia Garber
4600 Euclid Avenue, Suite 500
Cleveland, OH 44103

Copy 2: Parent



Universal Pre-Kindergarten Child+ Application



Application Date: _____

Child's Name: First _____ Middle _____ Last _____ Birth Date: _____

Gender: (Circle One) Male Female Nonbinary Transgender Unknown or Decline to State

Race: (Circle One) American Indian Asian Black or African American Multi-racial/Biracial Native Hawaiian/Other Pacific Islander Other Unspecified White

Hispanic/Latino: Yes/ No

Child's Primary Language: (Circle one) English, African Language, American Sign Language, Arabic, Dutch, Far East Asian Language, French, Khmer, Korean, Middle Eastern Language. Other, Romanian, Russian, Spanish, Turkish, Vietnamese.

Parental Status: (Circle One) One parent Family Two Parent Family

Family Income* (required for families who receives scholarship) _____

Number in Family _____ Number in Household _____

Primary Caregiver Name: First _____ Middle _____ Last _____ Birth Date: _____

Gender: (Circle One) Male Female Nonbinary Transgender Unknown or Decline to State

Race: (Circle One) American Indian Asian Black or African American Multi-racial/Biracial

Native Hawaiian/Other Pacific Islander Other Unspecified White

Child's Relationship: (Circle One) Biological/Adopted/Step Foster Grandchild Other Other Relative

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Primary Caregiver's Primary Language: (Circle one) English, African Language, American Sign Language, Arabic, Dutch, Far East Asian Language, French, Khmer, Korean, Middle Eastern Language. Other, Romanian, Russian, Spanish, Turkish, Vietnamese.

Educational Level (Circle Highest One)

- Associate's Degree
- Bachelor's Degree
- College Degree/Training Certificate
- College or Advanced Training
- General Education Diploma
- Grade 10
- Grade 11
- Grade 12
- Grade 9 or less
- High School Graduate
- Master's Degree

Employment Status: (Circle one)

- Full Time & Training
- Full Time (35 hours a week or more)
- Homemaker
- Part-time & Training
- Part-time (under 35 hours a week or more)
- Retired or Disabled
- Seasonally Employed
- Self Employed
- Training or School
- Unemployed



Universal Pre-Kindergarten Child+ Application



*****Secondary caregiver is not mandatory; however if you want to enter a secondary caregiver you have to enter all the same data as for a primary caregiver.

Secondary Caregiver:

Name: First _____ Middle _____ Last _____ Birth Date: _____

Gender: (Circle One) Male Female Nonbinary Transgender Unknown or Decline to State

Race: (Circle One) American Indian Asian Black or African American Multi-racial/Biracial

Native Hawaiian/Other Pacific Islander Other Unspecified White

Child's Relationship: (Circle One) Biological/Adopted/Step Foster Grandchild Other Other Relative

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Secondary Caregiver's Primary Language: (Circle one) English, African Language, American Sign Language, Arabic, Dutch, Far East Asian Language, French, Khmer, Korean, Middle Eastern Language, Other, Romanian, Russian, Spanish, Turkish, Vietnamese.

Educational Level (Circle one)

- Associate's Degree
- Bachelor's Degree
- College Degree/Training Certificate
- College or Advanced Training
- General Education Diploma
- Grade 10
- Grade 11
- Grade 12
- Grade 9 or less
- High School Graduate
- Master's Degree

Employment Status: (Circle one)

- Full Time & Training
- Full Time (35 hours a week or more)
- Homemaker
- Part-time & Training
- Part-time (under 35 hours a week or more)
- Retired or Disabled
- Seasonally Employed
- Self Employed
- Training or School
- Unemployed

Cross out Page 2 if this does not apply!