Bright Beginnings Preschool

The Ohio Valley ESC operates **Bright Beginnings Preschool** for students ages 3 through 5 years old who are typically developing and those with disabilities.

Bright Beginnings Preschool offers classes at the following locations:

Belpre City – Belpre Elementary
Caldwell Exempted – Caldwell Elementary
Fort Frye Local – Lowell Elementary
Frontier Local – Newport Elementary
Marietta City – Harmar Elementary
Noble Local Schools - Shenandoah Elementary
Rolling Hills Local - Secrest and Byesville Elementary
Switzerland of Ohio – Beallsville, Woodsfield, Skyvue, Powhatan, and River Elementary
Warren Local – Warren Elementary
Wolf Creek Local – Waterford Elementary

Bright Beginnings Preschool offers income based payment options based upon the number of days your child attends in a week/month with a maximum tuition of $140.00 per month for full time enrollment. (***These rates are subject to change without notice.)***

The tuition is a flat rate and is not adjustable for absences, holidays or calamity days and is due the first day of every month from September to May. Refunds are not given due to absences, holidays or calamity days. **Children are placed in classes on a first come, first serve basis once ALL required paperwork and forms are submitted.**

Ohio's Early Learning and Development Standards are used to guide our preschool program. This along with a comprehensive curriculum provides developmentally appropriate processes, adult interaction and learning experiences to prepare your child for kindergarten. The curriculum used is responsive to individual development and interests.

Our OVESC **Bright Beginnings Preschools** strive to:

1. Help each child recognize that he/she is a unique individual.
2. Provide opportunities for interaction with peers to develop social relationships.
3. Provide developmentally appropriate activities based on special interests of the child.
4. Provide a variety of materials and activities with time to explore inviting play.
5. Enhance and facilitate development in all learning domains: cognitive, language, adaptive or self-help, social/emotional, and gross and fine motor.
6. Assist children in learning to share, to cooperate and to socialize.
7. Prepare children for kindergarten success.

Play is said to be the work of children. Children develop physically, socially, emotionally, and intellectually, through the natural exploration of their world during play.

Self-directed play encourages a child's choice-making, exploration, social development, language development and cognitive skills as well as gross and fine motor skills in both quiet and active centers. These self-selected activities may include a housekeeping area, block area, sand or water table, puzzles, books, computer area, music and art programs.

Application for
Ohio Valley ESC

Bright Beginnings Preschool

2018-2019

Ohio Valley ESC operates preschools for students ages 3 through 5 years old who are typically developing and those with disabilities

Child's Name _____ ____Male ____Female
First Full Middle Last

Parent/Guardians' Names_____

Mailing Address_____
(Please include PO Box if applicable)

_____
City State Zip

Housing/Homeless Status (please check one): ___Single family home ___Multiple families living together ___Camper ___Hotel/Motel ___Shelter

Phone Number__(_____)_____ Alternate Number__(_____)_____

Email Address_____

Child's Date of Birth _____ Child's City/State of Birth _____

Mother's Maiden Name:_____ School District of Residence _____

Is this child a foster child? ___Yes ___No Is this child Hispanic/Latino? ___Yes ___No

Race/Ethnicity (check all that apply) ___White ___Black/African American ___Native Hawaiian/Other Pacific Island ___American Indian/Alaska Native ___Asian

Is either parent an employee of the Ohio Valley Educational Service Center? ___Yes ___No

Remarks or Concerns you may have about your child _____
_____
_____
_____

FOR OFFICE USE ONLY Date Received_____ HS____ EI____
PTT_____ ETR/IEP_____ POV LEVEL_____ TYP____ ECE____
SPEECH____ ADAP____ COG____ SOC____ FINE____ GROSS____ SENT TO DISTRICT_____
START DATE_____ BLDING_____ TEACHER_____ SCHED_____
AGE ON AUGUST 1, 2018_____

Bright Beginning Preschool Sites:

Guernsey County Schools:
Rolling Hills Local
___Byesville Elementary
___Secrest Elementary

Monroe County:
Switzerland of Ohio
___Beallsville Elementary
___Powhatan Elementary
___River Elementary
___Skyvue Elementary
___Woodsfield Elementary

Noble County:
Caldwell Exempted Village
___Caldwell Elementary

Noble Local Schools -
___Shenandoah Elementary

Washington County:
Belpre City
___Belpre Elementary
___Belpre Stone

Fort Frye Local
___Lowell Elementary

Frontier Local
___Newport Elementary

Marietta City
___Harmar Elementary

Warren Local
___Warren Elementary

Wolf Creek Local
___Waterford Elementary

Return ALL required paperwork and forms to the office matching your district of residence.

Guernsey County:	Monroe County:	Noble County:	Washington County:
Rolling Hills Local Schools Bright Beginnings Preschool 58860 Wintergreen Road Senecaville, OH 43780 Contact Information: Ashlee Wheeler 740-685-5493	**Switzerland of Ohio** Ohio Valley ESC Bright Beginnings Preschool 128 E. 8th Street Cambridge, Ohio 43725 Contact Information: Lisa Minosky 740-439-3558	**Caldwell Exempted Village Schools** Ohio Valley ESC Bright Beginnings Preschool 128 E. 8th Street Cambridge, Ohio 43725 Contact Information: Lisa Minosky 740-439-3558 **Noble Local Schools** Bright Beginnings Preschool 20977 Zep Rd. Sarahsville, Ohio Contact Information: Cathy Williams 740-732-5661	**Belpre City, Fort Frye Local, Frontier Local, Marietta City, Warren Local and Wolf Creek Local** Ohio Valley ESC Bright Beginnings Preschool 1338 Colegate Drive Marietta, Ohio 45750 Contact Information: Lila Rankin 740-373-6669

Permission for Review

I give my permission for the Ohio Valley Educational Service Center to respond to a request for assistance for my child _____. In giving my permission, I understand that any or all of the following may occur:

1. Signed permission to release information for educationally relevant medical information, obtained by Help Me Grow through physicians (e.g., medical diagnosis, concerns etc.);
2. Review of the following requested records:

   Developmental evaluations
   Immunization records
   Request for Assistance
   Birth Certificate
   Ohio School Health History
   Custody Papers (if applicable)
   Progress Reports (if applicable)
   Current IFSP
   Child Developmental Review
   Hearing/Vision Screening Reports

3. Interviews with caregivers or myself;
4. Observations of my child;
5. Assessment (screening and/or curriculum based); and /or
6. Other (please specify)_____

I further understand and agree that the information collected by the school district representatives will then be reviewed and the team will develop an intervention plan and designate the resources needed to implement these interventions.

Please include copies of the following *required paperwork with this application:

***Copy of Birth Certificate (required)** ***Tuition Assistance Form (if applicable)**
***Custody Papers (if applicable)**

Children will be enrolled in a class on a first come, first serve basis upon completion and return of ALL required paperwork.

_____ _____

Parent Signature **Date**

Tuition Assistance Programs are available for those who qualify. Eligibility is determined by family income below 200 percent of the federal poverty level (FPL).

If your household income is BELOW the maximum on this chart, you might qualify for assistance.

United States Department of Health and Human Services
200% of Federal Poverty Level Income Chart

Persons in Household	Annual Income
1	$24,280
2	$32,920
3	$41,560
4	$50,200
5	$58,840
6	$67,480
7	$76,120
8	$84,760
Add $4,320 for each person over 8	

For your child to be considered for the tuition assistance program you must complete the attached application (JFS 01121) and provide one of the following proofs of income along with the completed JSF application.

- 3 most recent pay stubs **or**
- statement from Dept. of Job & Family Services caseworker stating your poverty level **or**
- copy of most recent tax return

OR

If you do not wish to be considered for tuition assistance, please check and sign below and return this page only.

- ☐ I hereby waive my right to be considered for free and reduced tuition.
- ☐ I agree to pay full tuition fees if accepted into the preschool program.
- ☐ I understand that this waiver neither hampers nor enhances the chance of my application being accepted.
- ☐ I understand that if my financial situation changes, I may request a review of my income determination and verification and if income eligible, qualify for tuition assistance.

_____

Signature of Parent(s)/Guardian Date

Ohio Department of Job and Family Services
Ohio Department of Education

EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

Tell us about you (the applicant)

First Name	MI	Last Name	
Address			Today's Date
City	State	County	Zip Code
Phone Number ( )	Additional Phone Number ( )	E-mail Address	

Tell us about the people in your home

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

Tell us about your needs for your child(ren)

Child 1	Provider Name and Address	Child's Needs	What hours/days do you need services? (i.e. child care or preschool) *Check all that apply*
Name		Do you have concerns about your child's growth and/or development? ☐ Yes ☐ No Describe:	☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Mornings ☐ Afternoons ☐ Evenings ☐ Weekends
Child's Mother's Maiden Name			**What is the child's home school district?**
Child's City of Birth			

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

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

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.

Name	Type of Income	Amount of Income *(before taxes)*	How Often Received *(weekly, bi-weekly, etc)*	Date Last Received	Work or School Schedule *(please list times)*
					☐ Sun ____ ☐ Thurs ____ ☐ Mon ____ ☐ Fri ____ ☐ Tues ____ ☐ Sat ____ ☐ Wed ____
					☐ Sun ____ ☐ Thurs ____ ☐ Mon ____ ☐ Fri ____ ☐ Tues ____ ☐ Sat ____ ☐ Wed ____
					☐ Sun ____ ☐ Thurs ____ ☐ Mon ____ ☐ Fri ____ ☐ Tues ____ ☐ Sat ____ ☐ Wed ____
					☐ Sun ____ ☐ Thurs ____ ☐ Mon ____ ☐ Fri ____ ☐ Tues ____ ☐ Sat ____ ☐ Wed ____
					☐ Sun ____ ☐ Thurs ____ ☐ Mon ____ ☐ Fri ____ ☐ Tues ____ ☐ Sat ____ ☐ Wed ____

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

How Much?

Signature of Applicant	**Date**

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES

2018 FEDERAL POVERTY GUIDELINES

OHIO VALLEY EDUCATIONAL SERVICE CENTER

128 E. 8th Street, Cambridge, OH 43728 / 740-439-3558
1338 Colegate Drive, Marietta, OH 45750 / 740-373-6669

OFFICE USE ONLY

Size of Family Unit	100% Poverty Level	115% Poverty Level	125 % Poverty Level	187.5% Poverty Level	200% Poverty Level
1	$12,140	$13,961	$15,175	$22,763	$24,280
2	$16,460	$18,929	$20,575	$30,863	$32,920
3	$20,780	$23,897	$25,975	$38,963	$41,560
4	$25,100	$28,865	$31,375	$47,063	$50,200
5	$29,420	$33,833	$36,775	$55,163	$58,840
6	$33,740	$38,801	$42,175	$63,263	$67,480
7	$38,060	$43,769	$47,575	$71,363	$76,120
8	$42,380	$48,737	$52,975	$79,463	$84,760
Family units with more than 8 members	Add $4,320 for each additional member	Add $4,968 for each additional member	Add $5,400 for each additional member	Add $8,100 for each additional member	Add $8,640 for each additional member

Name of Student _____

Parents: Due to state reporting requirements, we need to gather income information for your family. This information in no way will be used to determine if your child qualifies for services and/or what services your child will receive. Simply find the number of family members that are in your household, and determine the dollar amount that is closest to your family's gross income. Please circle the dollar amount in that particular row that most closely reflects the gross income for your family.

If you would like, you may refuse to provide this information. Simply sign at the bottom of this page that you would not like to release this information. If you have any questions, please contact our office at 740-373-6669 for Washington County or 740-439-3558 Monroe and Noble Counties.

I _____(name of parent), am choosing to NOT provide my family's gross income to the OVESC Preschool. I understand that if I were to provide this information, it would not in any way determine the type of amount of services that my child would receive.

Rev: 05/2018