RSU #12 - HEAD START PRESCHOOL COLLABORATION

Chelsea Elementary 582-2214 / Palermo Consolidated 993-2352 / Somerville Elementary 549-3261 / Windsor Elementary 445-2356 / Whitefield Elementary 549-5251

APPLICATION FOR PRESCHOOL

Child's Legal Full Name:	DOB:	Gender:
Place of Birth (City/State/Country):		
Child's Residence Address (what # and road does s/he	live on and town?):	
Child's Race (circle one): American Indian/Alaskan Native Whit	e Asian Native Hawaiian/Pacific Islande	er Black/African American Bi-Racial/Multi-Racia
Hispanic/Latino: Yes No		
Child's Primary Language:	Primary Language Spoken in Home:	
Parent/Guardian 1 Name:	Parent/Guardian 2 Name:	
DOB:	DOB:	
Residence Address:	Residence Address:	
Mailing Address:	Mailing Address:	
Town:	Town:	
Lives in same home as child? Yes No	Lives in same home as child? Yes No	
Legal Guardian? Yes No Explain:	Legal Guardian? Yes	No Explain:
Home Phone: Cell Phone:	Home Phone:	Cell Phone:
Work Phone:	Work Phone:	
Place of Employment:	Place of Employment:	
Email Address:	Email Address:	
Parent/Guardian's Race:	Parent/Guardian's Race:	
Hispanic/Latino: Yes No	Hispanic/Latino: Yes No	
Parent/Guardian Highest Education: check one	Parent/Guardian Highest Education: check one	
Some high schoolSome high school		
Graduated high school/GED/HiSET	Graduated high school/GED/HiSET	
Some college	Some college	
College Degree	College Degree	
Active Military? Yes No Veteran? Yes No	Active Military? Yes	No Veteran? Yes No
Names and ages of children residing in the home:		
Number of all adults in the home:		
Family Status: Single Parent Two Parent Family_	_ Foster/Kinship Family	Other:

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Describ	be living arrangements and/or shared custody for the child:
0	If there is a court order or custody agreement, please provide a copy of the current court order.
Is child	in DHHS custody? Yes No Name and Phone of DHHS Guardian:
0	If the child lives in RSU#12 with a legal guardian who is not the parent, a certified copy of the court order
	appointing the guardian must be attached.
0	If a custodial parent/guardian wishes RSU#12 to comply with provisions of a court order restricting access to a
	child, a certified copy of the court order must be attached.
Will ch	ild be picked up and dropped off by the bus at home or at a child care provider? Home CC Provider
Child C	are Provider's Name:
Street	Address: Town:
Does cl	nild have any health, dietary, behavioral and/or developmental needs? Yes No If yes, please explain and list
names	of providers of care and services for your child:
Does c	nild currently have an IEP with Child Development Services? Yes No
	nild wear glasses? Yes No Handed: Right Left
	ma nour graces rec_ rec_ rec_
Does th	ne family receive SNAP Benefits? Yes No
Primar	y Health Coverage (Check one)Private InsuranceMedicaid/MaineCareOther
Doctor	/Medical Home:
Dentist	/Dental Home:
What is	s your annual income?Less than \$15,000\$15,000 to \$34,999\$35,000 to \$49,999
	\$50,000 to \$74,999\$75,000 to \$99,999\$100,000 or more
Please	list one person we may contact to help reach you:
Name:	Relationship: Phone:
I certify	that I live with the child named above at the child's residence address identified above. I understand RSU #12
reserve	es the right to require 2 forms of proof of residency and I have the burden of proof regarding residency. If this
resider	ncy changes, I agree to bring it to the immediate attention of my child's school.
Date:_	Parent/Guardian Signature:
	Print Full Name:

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Preschool collaborative requirements require that we gather income information or documentation of being in foster care or homelessness, over the past 12 months or between January and December for last year. Types/sources of income that support your family may include: Employment, Worker's Comp, Social Security Benefits, Unemployment Benefits, Child Support, TANF, Veteran's Benefits, Other.

The following items must be attached to this application to complete this process

- o Certified copy of child's birth certificate (20-A M.R.S.A. Section 6002)
- o Immunization records (signed statement from health provider specifying immunizations received, dates, and dosages. Immunization is required for poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, varicella (chicken pox), measles, mumps, and rubella. (20-A M.R.S.A. Section 6352-6359 and Chapter 126 of the Maine Department of Education Rules.). Non-immunized children are not permitted to attend schools unless one of the following conditions is met.
 - O You have submitted a signed immunization exemption form or letter indicating waiver for sincere religious belief
 - O You have submitted a signed immunization exemption form or letter indicating waiver for philosophical reason
 - O You have submitted a signed immunization exemption form or letter indicating waiver for medical reason
- O Documentation of income over the past 12 months or between January and December of last year for each parent/guardian in the household, and including any child support received by the household. If the household receives TANF, SNAP or SSI, then documentation for the present month's benefits can be used instead of income information.
- o Free and reduced meal form.

Head Start Preschool Collaboration

RSU #12 collaborates with Head Start to provide a quality preschool program. In addition to the public preschool program services, Head Start comprehensive services include:

- > A quality learning environment that prepares children for success in kindergarten,
- > Enhanced preschool classroom environments,
- > Individualized learning plans,
- > Referrals, resources and advocacy for medical, dental and mental health services, and
- > Comprehensive screenings to identify and support learning and healthy development.

Head Start offers families parent meetings, workshops, family resources and opportunities to make decision about the program and policies.

PARENTS: Please send your completed application to your local Elementary School. They will inform the Head Start program, and you will then be contacted by a Head Start staff person to complete the eligibility paperwork.