

GEORGETOWN PRE-KINDERGARTEN PROGRAM

Now Accepting Enrollment Applications
for the 2024-2025 School Year



Student Eligibility:

The pre-kindergarten program serves children, ages 3-5. Typically developing students must be three years of age by August 1st for admission. Four and Five year old children will receive priority for admission. Students must be completely toilet trained, which means they are able to function independently in the restroom. Children ages 3-5 with special needs are eligible to receive services outlined in their Individualized Education Plan. Students with disabilities transitioning from Part C programs (Help Me Grow) may enroll at the beginning of the school year as long as they turn three before December 1st. Otherwise, special needs students may enroll on their third birthday. **Families/guardians are required to reapply and submit updated income information if their child returns to the program for another year. The application deadline is May 31, 2024.**

Site Location & Attendance Schedule:

The pre-kindergarten program is located in the Georgetown Elementary School at 935 Mt. Orab Pike. The Georgetown Exempted Village School District will continue to offer a part-time, full-day schedule for pre-kindergarten. One group will attend on Mondays and Wednesdays and one group will attend on Tuesdays and Thursdays. Parents/guardians are asked to consider both attendance schedules and indicate their preference on the application. Bus transportation is also available for our Pre-K students.

Program Description:

Involvement in the pre-kindergarten program provides enriching experiences to enhance each child's creative, language, social, emotional, physical, and cognitive development. The Get Set for School Curriculum is used to introduce students to the early learning and development standards as adopted by the Ohio Department of Education. Classroom activities are planned so that children can work independently, in small groups, and in whole group settings. Parents are welcome to volunteer in the classroom or to help with special projects.

For More Information:

Contact Carrie Kratzer at 937-378-6235 ext. 2216 or send an email to:
carrie.kratzer@gtown.k12.oh.us.

Georgetown Exempted Village Schools PRE-KINDERGARTEN TUITION SCALE 2024

| A Household Size: Parents, Children and other Household Members | B *Reduced Tuition (200% Poverty Level) Families are Eligible for Reduced Tuition if Total Annual Income is less than... | C *Free Tuition (100% Poverty Level) Families are Eligible for Free Tuition if Total Annual Income is less than... |
|--|---|---|
| 1 | \$29,160 | \$14,580 |
| 2 | \$39,440 | \$19,720 |
| 3 | \$49,720 | \$24,860 |
| 4 | \$60,000 | \$30,000 |
| 5 | \$70,280 | \$35,140 |
| 6 | \$80,560 | \$40,280 |
| 7 | \$90,840 | \$45,420 |
| 8 | \$101,120 | \$50,560 |
| For each additional Family member add... | \$10,280 | \$5,140 |

If a family does not qualify under the income guidelines for free or reduced tuition, the following sliding fee scale will be used to determine pre-k tuition for each child.

| ANNUAL INCOME | 2 Day Pre-K Program (Mon/Tues or Thur/Fri) Total Tuition 8 Payments |
|-------------------------|--|
| *Reduced Tuition | \$640/\$80 |
| \$20,000 to \$29,999 | \$840/\$105 |
| \$30,000 to \$39,999 | \$1040/\$130 |
| \$40,000 to \$49,999 | \$1240/\$155 |
| \$50,000 to \$59,999 | \$1440/\$180 |
| \$60,000 and up | \$1640/\$205 |

*Tuition is **prorated** and can be paid in 8 monthly payments - August through March. Payments are due the first of each month. Cash, check, and credit card payments are accepted. A \$20.00 late fee will be applied for payments received after the 10th of the month. (Fee will not be applied for the first late payment.) In addition, attendance will be suspended if tuition is not paid by the 15th. Tuition adjustments can be made during the school year with documentation of change in family income, or prorated based on the date of enrollment.*

**PRE-KINDERGARTEN APPLICATION FOR ENROLLMENT
GEORGETOWN EXEMPTED VILLAGE SCHOOL DISTRICT
SCHOOL YEAR: 2024-2025**

| |
|---|
| Date In: _____ _____ _____ (Office Use Only) |
|---|

STUDENT INFORMATION

Name as on Birth Certificate: First _____ Middle _____ Last _____

Name Child is Called/Nickname: _____ **Returning Student:** _____ No _____ Yes

Date of Birth (month/day/year) _____ / _____ / _____ **City & State of Birth** _____

Check One: _____ Male _____ Female **Child's Social Security Number:** _____

Student's Race (check all that apply): _____ White _____ Black _____ Asian _____ Native American
_____ Hispanic/Latino _____ Native Hawaiian/Other Pacific Islander

FAMILY INFORMATION

Father's Name _____ **Mother's Name** _____

Mother's Maiden Name _____

Father's Address

Mother's Address

City State Zip

City State Zip

Father's Home Phone

Father's Cell Phone

Mother's Work Phone

Mother's Cell Phone

Father's E-mail

Mother's E-mail

Father's Employer / Father's Work Phone Number

Mother's Employer / Mother's Work Phone Number

Does the child reside in Georgetown Exempted Village School District? _____ Yes _____ No*

*If No, what school district does the child reside in? _____

Please check all that apply:

_____ Child lives with both parents _____ Child lives with Mother _____ Child lives with Father _____ Father deceased
_____ Parents Never Married _____ Parent's Separated _____ Parents Divorced _____ Mother deceased

Custody Papers: _____ No _____ Yes (If yes, attach verification.) **Foster Child:** _____ No _____ Yes (If yes, attach verification.)

Tell us about the people that reside in your home.

| Name (First, Middle, Last) | Relationship to You | Race | Date of Birth | Male or Female |
|-------------------------------|------------------------|---|------------------|-------------------|
| | SELF | <input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander | | |
| | | <input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander | | |
| | | <input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander | | |
| | | <input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander | | |
| | | <input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander | | |
| | | <input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander | | |

CLASS REQUESTED _____ M/W _____ T/TH _____ either (we are flexible)

PROGRAM ELIGIBILITY:

1. The child must be three years of age by August 1st of the year of application.
2. The child must be completely toilet trained. This means that the child must be able to attend to bathroom needs independently. A child who wears pull-ups is not considered toilet trained.

Children are enrolled in the program based first on age followed by the date the application is received. Priority is given to 4 and 5 year olds. A waiting list is created if more applications are received than the number of openings available. Families are contacted when openings develop. We will accept applications for open enrollment students, however students that live within the GEVS district will receive priority.

FAMILY INCOME INFORMATION:

Please tell about your income in the table below. Income refers to all the money that you and the people in your home receive such as earnings from **employment, child/spouse/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veteran's Benefits, etc.**

| Name | Type of Income (Employment, Child/Spouse/Medical Support, Disability Benefits, Retirement Benefits, Workers' Compensation, Social Security, Veteran's Benefits) | Amount of Income (before taxes) | How Often Received (weekly, biweekly, etc.) |
|------------------------|--|------------------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| Signature of Applicant | | | Date |

Adjusted Gross Income for 2023 \$ _____ Total Number of Members in Household _____

Registration Authorizations

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

My child's name Yes No

Family name Yes No

Phone numbers Yes No Cell Home Wor

Annual Class Roster: 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 our program.

THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH THIS APPLICATION:

- _____ The front page of your 2023 income tax return showing the household's adjusted gross annual income. Please attach any additional income documentation (i.e. employment, child/spouse/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veteran's Benefits, etc.). To declare a decrease in income, attach a letter from the employer verifying the amount in income or provide documentation of unemployment benefits.

- _____ Copy of Birth Certificate

- _____ Copy of child's Social Security card

- _____ Custody Papers or Foster Child Documentation (if applicable)

- _____ Proof of Residence

- _____ Parent(s)' Driver's License

- _____ Shot records

Please return all completed information to:
Georgetown Elementary School
Attn: Carrie Kratzer
935 Mt. Orab Pike
Georgetown, Ohio 45121

**Applications cannot be processed if information is missing.
Deadline: May 31, 2024**

PRESENT LEVELS OF CHILD'S PERFORMANCE

Child's Name _____ Completed by _____ Date _____

Please describe the child's present skills in the following areas by checking the box in each section that most closely describes the child's best current performance.

EATING

- Needs to be fed
- Partially self-feeds
- Eats and drinks independently

DRESSING

- Needs to be dressed
- Removes small articles of clothing
- Dresses self except shoes

TOILETING

- Wears pull-ups
- Has frequent accidents (1 a day or more)
- Requires assistance (wiping)
- Independent

ATTENTION

- Needs constant attention/supervision
- Occupies self with toys for 10 or more minutes
- Attends to small-group activity for 10 or more minutes

RECEPTIVE LANGUAGE

- Does not appear to understand words
- Shows understanding of several words
- Can follow simple commands and directions

EXPRESSIVE LANGUAGE

- Uses gestures and/or sounds
- Says at least 10 words you can understand
- Says two or three words together
- Uses sentences

HEARING

- Does not respond regularly to sounds
- Looks at or reacts correctly to sources of sounds
(looks at phone when it rings, turns when name is called)
- Responds to simple directions given when back is turned

COGNITIVE

- Looks for toy or person who is out of sight
- Sorts toys or objects by at least one feature
- Counts to four and names two or three colors

FINE MOTOR

- Needs help to pick up food or small toys
- Independently picks up small toys & transfers objects from hand to hand

PLAY

- Needs stimulation to be provided by someone
- Holds and manipulates toys
- Uses some toys and object appropriately
- Uses imagination to play (pretends)

GROSS MOTOR

- Needs to be carried or moved by someone
- Crawls to move
- Walks independently

VISION

- Does not show recognition of people or objects
- Recognizes familiar people and toys, locates familiar objects in the house
- Points to and names things and people in pictures

SOCIAL

- Shows little response to other people
- Sometimes shares toys and cooperates in play
- Takes turns in simple games

CONCERNS: _____

Child's Health Information

Chronic Medical/Health Needs

Does your child have any chronic medical/health needs? Yes No

If yes, please provide additional information. _____

History of Hospitalization

Has your child ever spent the night in the hospital, had surgery, or serious injury? Yes No

If yes, please provide additional information. _____

Allergies

Please list all allergies and reactions. _____

Dietary Needs/Restrictions

Does your child have any special dietary needs and/or restrictions? Yes No

If yes, please provide additional information. _____

Medications Please list all medications (prescription and over-the-counter) that your child currently takes.

Please provide any additional information regarding your child's health below.

