

East Union Early Childhood Center

PROGRAM: The program is open Monday-Friday, 6:30-6:00 year round. Breakfast, lunch and a snack will be available at set times. School bus transportation is available for four year olds, the same as for the district K-12 student population.

AGE: Your child may attend if they are be 2 $\frac{1}{2}$ (30 mo.) to age five to be eligible for the 2016-2017 program year. A BIRTH CERTIFICATE IS REQUIRED with application (photocopy accepted).

REQUIREMENTS

All students that attend East Union Early Childhood Center must have the following items. They must present a birth certificate at the time of turning in the child's registration. Your child's teacher will be doing a home visit in August prior to the start of school. We require the following documents: current physical (no more than one year old), lead test, and current immunization documentation. Students will be required to have a dental exam within 90 days of entering the program. A registration fee (non-refundable) of \$30.00 per child with a max of \$50.00 per family will be required when registering.

CLASS SIZE

East Union Early Childhood Center will follow NAEYC Accreditation child teacher ratios. Classrooms will have a licensed certified early childhood teacher during preschool hours and assistant teachers as needed to maintain ratios. Sometimes High School Service Learning Students or adult volunteers may be providing additional assistance to the regular staff.

FINANCIAL STATUS REQUIREMENTS AND CHANGES

Each household will need to complete a Free/Reduced Lunch Form before the start of school year. If a student is already participating in East Union Early Childhood Center and there is a change in their household's financial situation, the head of the household is to contact the Center Director and request a new F/R Form to complete. No student will be put out of the program due to any financial status change in his or her household.

2016 - 2017 FEES

Full day preschool

Age 2 $\frac{1}{2}$ - 3 @ \$120.00 wk

Age 4 - 5 @ \$115.00 wk

Part Time

Age 2 $\frac{1}{2}$ - 3 @ \$90.00 wk

Age 4 - 5 @ \$85.00 wk

2nd child discount of 10% on the oldest (lowest fee) child

The East Union Early Childhood rate **does** include the cost of meals.

Families qualifying for reduced meals will receive first priority for grant dollars for tuition.

Families that do not qualify for free or reduced lunches (full pay) may still qualify for grant dollars towards tuition.

Contact Hope Hall Center Director with any questions - office 641-347-5790 or cell 641-344-0565

EAST UNION EARLY CHILDHOOD CENTER
2016 - 2017 Registration/Enrollment Form
Application forms may be returned to the Early Childhood Center Director
641-347-5790
1916 High School Drive, Afton, Iowa 50830

Child's full name	Birth date	Home Telephone Number
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Parent/Guardian 1	Parent/Guardian 2
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Cell Number Parent/Guardian 1	Cell Number Parent/Guardian 2
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Child's Address	Town and Zip code
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Parent/Guardian 1 (if living in home) Employer & Work Phone	Hours worked per week
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Parent/Guardian 2 (if living in home) Employer & Work Phone	Hours worked per week
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Parent 1 email address _____ Parent 2 email address _____

Emergency Contact is not a parent. We will always try to reach a parent first.

Emergency Contact #1 _____ Phone # _____

Emergency Contact #2 _____ Phone # _____

Name of Doctor _____ Insurance Provider _____

Bus Transportation: AM PM Bus Driver/Number: _____

TOTAL NUMBER OF PEOPLE LIVING IN HOUSEHOLD _____

All household GROSS income needs to be included below (meaning support, alimony, Social Security and income of all people within household). Automatic Qualifiers include the following: AFDC/FIP, Food Stamp Number, And Foster Child. Please indicate if your earned income is weekly, biweekly, monthly or yearly. All applicants must submit 30 days of most recent paycheck stub(s) or a copy of their 2015 Income Tax Forms for proof of income (If you do not have your 2015 taxes completed you may turn in 2014 until they are available).

Gross Earned Income _____ Weekly, Biweekly, Monthly, Yearly (circle one)

Total Other Support Income _____ (child support, social security, disability, etc)

I understand I am responsible for tuition charges for days registered regardless of attendance, and that a \$5.00 late fee will be added each week for balances over \$20.00.

Registered days of attendance: Full Time _____ Part Time _____
Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

Registration paid _____ FOB # _____

Start Date _____ Weekly Charge _____