



Endicott Preschool

A Heart for Our Communities

Office use only:	
Rec'd by:	_____
Date:	_____
Payment:	_____

3 Year Old Class REGISTRATION FORM for 2022-2023
607-748-1744 Email: educationdirector@endicottpreschool.org

CHILD'S NAME: _____ NICKNAME: _____ Gender: M / F DOB _____

HOME ADDRESS: _____
Street City State Zip

PRIMARY PHONE: _____ EMAIL: _____

MOTHER'S NAME _____ WORKPLACE _____ WORK PHONE _____

CELL PHONE _____

FATHER'S NAME _____ WORKPLACE _____ WORK PHONE _____

CELL PHONE _____

DOES CHILD LIVE WITH BOTH PARENTS? Yes / No DOES CHILD HAVE AN **Individual Educational Plan (IEP)**? Yes / No

RACE (Mark all the groups that apply to your child; Mark at least one please):

Asian Black/African American Hispanic/Latino White

American Indian or Alaska Native Native Hawaiian/Other Pacific Islander

Primary Language: _____ Elementary School: _____

RELATIVE OR NEIGHBOR TO CALL IF PARENTS CANNOT BE REACHED:

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

NAMES OF THOSE WHO MAY PICK CHILD UP FROM SCHOOL (if different from above listed contacts):

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

***MEDICAL:** Please list any special needs OR developmental concerns your child might have under the allergies and health concerns section below?*

Child's Doctor: _____ Phone Number: _____ Hospital Preference _____

ALLERGIES, HEALTH CONCERNS, DIETARY RESTRICTIONS, DEVELOPMENTAL CONCERNS, ETC:

(OVER PLEASE)

Please put a 1,2 & 3 to indicate your first, second & third choice for your desired class schedule.

* Please note: Actual classes offered will depend on enrollment.

TWO DAY/WK. PROGRAM (\$175./mo.)

_____ Tues./Thurs. MORNING GROUP (9:00-11:30am)

_____ Mon. /Wed. AFTERNOON GROUP (12:30-3:00pm)

THREE DAY/WK. PROGRAM (\$200./mo.)

_____ Mon./Wed./Fri. MORNING PROGRAM (9:00-11:30am)

_____ Mon./Wed./Fri. AFTERNOON PROGRAM (12:30-3:00pm)

_____ YES, I HAVE ENCLOSED THE \$50 REGISTRATION FEE WHICH IS NON-REFUNDABLE AND DOES NOT APPLY TOWARD THE TUITION UNLESS RECEIVING SCHOLARSHIP ASSISTANCE. FEE FOR A FAMILY WITH TWO CHILDREN REGISTERING IS \$55 TOTAL. FEE MAY BE PAID VIA CASH OR CHECK PAYABLE TO: ENDICOTT PRESCHOOL.

DATE _____ PARENT/GUARDIAN SIGNATURE _____

Please return this form to: **Endicott Preschool, 29 Grant Avenue Endicott, NY 13760**

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DID A FAMILY REFER YOU TO US? If so, we would like to thank them by entering their name in a September 2022 drawing for a \$100 Wegman's gift card!

Please state their name and phone number:

Referring family: _____

Best phone # to reach them at if they win: _____

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ENDICOTT PRESCHOOL

29 Grant Ave., Endicott, NY 13760

Phone: 607-748-1744 Email: businessdirector@endicottpreschool.org

SCHOLARSHIP APPLICATION FORM 2022-23 Confidential Information

The Endicott Preschool accepts children without regard for religion, race, color, national origin, sex, age, or disability. Tuition assistance is available on a first come, first served basis to children from families whose income meets the guidelines for free or reduced price meals in the public schools. If you think you may qualify for assistance, please complete this application form and return it to the school as soon as possible with a copy of your most recent tax return's summary page. Please note, in order to provide as many area children as possible with a preschool program, scholarship assistance is currently reserved for children in our Threes' Program, Pre-K children who do not have an open, free UPK slot in their home district at the time of applying for scholarship assistance, and five year old children who would benefit developmentally from an extra year of Pre-K but their school district lacks an Early Kindergarten program &/or slot for them. Please call the office if you have questions or concerns.

Answers to frequently asked questions:

1. **Do I need to fill out an application for each child?** No, fill out one application per household.
2. **Who is eligible?** Children in households getting Food Stamps or TANF, most foster children, and children from households whose income falls within the guidelines may apply for scholarship assistance. *A copy of the most recent household income tax return is required.*
3. **I get WIC, is my child eligible?** Your child may be eligible. Please fill out an application.
4. **Will the information I supply be checked?** We may ask you at any time to verify your eligibility.
5. **If I don't apply now, may I apply later?** Yes, you may apply at any time during the school year if your household size goes up or down, if you start getting food stamps, TANF or other benefits, you lose your job or your hours are cut.
6. **May I apply if someone in my household is not a US citizen?** Yes, you or your children do not have to be US citizens to apply.
7. **Who should I include as members of my household?** You must include ALL people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
8. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

Income Chart: The following chart lists income levels according to household size & income levels received. If your **total household income** is the same or less than the amounts on the Income Chart below, your children **may** be eligible to receive one of the four levels for scholarship assistance while your student is at the Endicott Preschool.

Eligibility Income Chart
(with percentage off)

Household size	25%	50%	75%	90%
1	\$31,885.50	\$21,257.00	\$15,942.75	\$11,691.35
2	\$43,041.00	\$28,694.00	\$21,520.50	\$15,781.70
3	\$54,196.50	\$36,131.00	\$27,098.25	\$19,872.05
4	\$65,352.00	\$43,568.00	\$32,676.00	\$23,962.40
5	\$76,507.50	\$51,005.00	\$38,253.75	\$28,052.75
6	\$87,663.00	\$58,442.00	\$43,831.50	\$32,143.10
7	\$98,818.50	\$65,879.00	\$49,409.25	\$36,233.45
8	\$109,974.00	\$73,316.00	\$54,987.00	\$40,323.80
Each additional	\$10,989.00	\$7,326.00	\$5,494.50	\$4,029.30

*****Please remember this is based on the HOUSEHOLD GROSS INCOME. When turning in your 2021 tax return it will need to either be one filed jointly or multiple returns filed separately for working adults.**

To apply for scholarship assistance - read the instructions, complete only one form per household, sign your name, and return it to the school **with a copy of your most recent Income Tax return's summary – page 1**. For assistance, please call the Endicott Preschool's Business Director Heidi Ranger at 607-748-1744. You may attach additional paper if more space is needed. If there is a scholarship awarded, there are attendance requirements that must be followed.

PLEASE PRINT:

1. Children enrolled in Endicott Preschool:

Names:

Last	First	Date of Birth	Class
_____	_____	_____	_____
_____	_____	_____	_____

2. Foster Child: Contact the school for assistance.

3. Households getting Food Stamps or Temporary Assistance to Needy families (TANF): Complete this section and sign the application. Write your case number as provided on your benefit letter, not the number on your benefit card.

Food Stamp Case # _____ TANF Case # _____

4. Household Members & Total Household Income:

Show how often each amount is received.	<u>Current Income/Pay Period</u> Examples: \$100/weekly, \$100/2x per month, \$100/monthly If pay period is not noted, we will process the reported income as received weekly.			
	Earnings From Work Before Deductions	Child Support, Alimony, Etc.	Payments From Pension or Retirement	Other Income
List the Names of Everyone in Your Household	Amount/How Often	Amount/How Often	Amount/How Often	Amount/How Often
1. _____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
2. _____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
3. _____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
4. _____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
5. _____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
6. _____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
7. _____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____

5. SIGNATURE: An adult household member must sign the application before it can be approved. I certify that all of the information is true and that all income is reported. I understand that the school may verify the information and that deliberate misrepresentation of the information may result in scholarship assistance being withdrawn.

NAME (Print): _____ **DATE** _____

SIGNATURE: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ (person filling out information)

Mailing Address Zip Code

Home Telephone Cell Phone Work Phone

Email: _____