



**2009 – 2010
PRESCHOOL ACADEMY & PARENTING PROGRAM
INFORMATION:**

We are now accepting applications for the 2009/2010 school year for the Preschool Academy. If you have a child who will be four years old before **September 1, 2009** please complete this application form to be considered for the program.

This program is supported with Title I funds as part of the reauthorization of the No Child Left Behind (NCLB) Act. The NCLB Act's goal is to increase the academic achievement of, and improve the quality of education for all students.

The Preschool Academy programs at Hohokam, Tonalea, Tavan and Yavapai Elementary Schools are preschool programs for four-year-olds getting ready for kindergarten.

1. Complete the attached preschool **application form** and return it to the preschool site at Hohokam, Tonalea, Tavan or Yavapai. Please complete the entire form, as **incomplete application forms cannot be processed**
2. **Original Birth Certificate, Immunization Record, and Proof of Residence**, (i.e. utility bill, rental receipt, mortgage payment receipt showing your name and address) must be brought in with the completed application. A copy of those documents will be made and attached to your application. *Per district policy this is not required upon enrollment for families qualifying under the McKinney-Vento Act.*
3. **Complete a district Free/Reduced meal application.** *The Arizona Department of Health Services mandates a daily snack for all preschool students.* SUSD Nutritional services will provide the snack. Families who **do not qualify or choose not to participate** in the district free & reduced program **must** set up an account with Nutritional Services to pay for the cost of the snack.
4. You will be contacted by phone to schedule a screening appointment. It is necessary that you provide a current phone number. **If we are unable to reach you by phone, your application cannot be processed for enrollment.**
5. Please provide **documentation** that you reside within the boundaries of a Title I elementary school:

Hohokam
Navajo
Pima
Tavan
Tonalea
Yavapai
6. Monthly parenting **participation** is required. (This is an important component of the program.)

The staff at the Preschool Academies will contact you to schedule a student AGS screening appointment to determine eligibility in the program in time to begin classes on Monday, August 10, 2009. Priority will be given to students who will benefit most from this early learning program, based on developmental and academic needs. Therefore, it cannot be assumed that applicants who have submitted a completed application form will be guaranteed program placement based on when the application was submitted.

Application forms will be processed and accepted according to available space.

Thank you for your cooperation,

The Preschool Academy Staff

For further information, call one of the following numbers during normal school hours:

Hohokam School	480.484.1800 x5154
Tavan School	480.484.3500 x3401
Yavapai School	480.484.3800 x5114
Tonalea	480.484.3600 x5113

OFFICE STAFF: INFORMATION IN THIS APPLICATION IS CONFIDENTIAL.

PLEASE HANDLE IN A SECURE MANNER.

ELIGIBILITY CRITERIA FOR PRESCHOOL ACADEMY PROGRAM

Does your child meet the criteria?

1. ____ **Child turns four before September 1, 2009**
2. ____ **Child is potty-trained (no pull-ups permitted)**
3. ____ **Scores appropriately on the AGS Early Learning Profile**
4. ____ **Child is currently *not* enrolled or qualifies for another educational program, i.e. PANDA**
5. ____ **Reside within the boundaries of a Scottsdale Unified School District/Title I elementary school**

TO ALL APPLICANTS:

Original birth certificate, immunization record, and documentation of your address, such as a rent receipt or utility bill **must** accompany your application.

Please provide a **current telephone number** or message phone number where you can be reached. If we are unable to reach you, we will be unable to consider your application.

AGS Early Learning Profile screening will be administered by preschool staff before school starts.

Parents/Guardians of students accepted for the program must commit **to participation in monthly parenting classes/activities** provided by the school.

Three local emergency contacts with telephone numbers and exact addresses, including zip code.

Doctor and hospital telephone numbers and exact addresses, including zip code.

Preschool Academy Site _____



NAME OF CHILD: _____ DATE OF BIRTH _____

CHILD'S ADDRESS: _____ Zip Code _____

MOTHER'S NAME: _____

MOTHER'S ADDRESS: _____ Zip Code _____

HOME PHONE: _____ CELL PHONE _____ EMAIL _____ @ _____

MOTHER'S PLACE OF EMPLOYMENT: _____ WORK PHONE: _____

FATHER'S NAME: _____

FATHER'S ADDRESS: _____ Zip Code _____

HOME PHONE: _____ CELL PHONE _____ EMAIL _____ @ _____

FATHER'S PLACE OF EMPLOYMENT: _____ WORK PHONE: _____

EMERGENCY CONTACT: Three emergency telephone numbers and addresses including zip codes (relative or friend) in the Phoenix area.

NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____ Zip Code _____

TELEPHONE: _____ CELL PHONE _____

NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____ Zip Code _____

TELEPHONE: _____ CELL PHONE _____

NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____ Zip Code _____

TELEPHONE: _____ CELL PHONE _____

DOCTOR & HOSPITAL: Telephone numbers and exact addresses, including zip code.

DOCTOR: _____ TELEPHONE: _____

ADDRESS _____ ZIP CODE _____

HOSPITAL: _____ TELEPHONE: _____

ADDRESS: _____ ZIP CODE _____

Please check each statement below in order to indicate that you have read it and understand it.

_____ I understand that this is a 2-1/2 hour educational preschool program. Attendance and punctuality are vital to this program.

_____ I understand that parent involvement is the foundation of the Preschool Academy and that I will be expected to participate in monthly parenting activities.

_____ I agree that if any information on this application form changes, such as my phone number or address, it is my responsibility to **immediately** notify the preschool teacher or program school office.

_____ I understand that inconsistent attendance of my child and/or inconsistent parent participation and excessive tardiness in dropping my child off or picking him/her up may make it necessary for my child's enrollment to be reconsidered.

Signature of Parent/Guardian Date

Application Complete /Preschool Staff Date