

***COLORADO
PRESCHOOL
PROGRAM
2018-2019***



Please fill out only if your child will be four years of age on or before September 15th of the current school year and will be eligible to attend kindergarten the following year.

Parents must agree to an interview with the site director and a screening of the child at a designated time and date.

What is the Colorado Preschool Program (CPP)?

Bayfield Early Education Programs has participated in the Colorado Preschool Program (CPP) since 1995. It is funded by the state legislature under the School Finance Act with the intent of serving children who may be at risk for being unsuccessful in kindergarten by providing them with high quality educational experiences in the year prior to kindergarten. This year, the legislature is funding 28,000 slots statewide for CPP, and BEEP is being funded for 20 of those slots in the 2017-2018 school year.

Eligibility for your child's acceptance into CPP is based on the Eligibility Checklist which you complete, an interview with the director, screening of your child, and observations in the classroom. Determination and placement is done by the end of September. Acceptance of your child will provide you with tuition assistance. Attendance is required throughout the school year to maintain the slot.

We have a BEEP Board/CPP Council made up of teachers, collaborators, parents, and other community members who recommend policies and procedures to the preschool regarding the CPP. If you would like to volunteer to be on the CPP Council, please let the CPP Administrator know. We meet six times during the school year on an agreed upon time.

Our Board has set the following guidelines for the preschool:

- A maximum of 16 children per classroom with an adult/child ratio of one to eight.
- At least two Individual Learning Plans for each child which state the goals identified by the teacher and parent in social/emotional, physical, cognitive, and language development.
- In addition to the Colorado Quality Standards, our program uses an eclectic mix of curriculums i.e. Montessori, High Scope, and Creative Curriculum for optimum learning.

The quality of our program is always the most important focus for the CPP. Understanding the importance of high quality early learning experiences for children lead the legislature to create this program and supports us as we look at the needs of all our children.

If you have any questions about CPP or your family's participation in the program, please call the Director of Bayfield Early Education Programs at 970-884-7137.

**COLORADO PRESCHOOL PROGRAM
ELIGIBILITY CHECKLIST**

Child's Full Legal Name _____

Parent Name _____ Child's Birthdate _____

For Reporting Purposes Only:

Federal Ethnic Category: Hispanic or Latino _____ Not Hispanic or Latino _____

Federal Race Designation:

_____ American Indian/Alaskan Native _____ White
 _____ Black or African American _____ Asian
 _____ Native Hawaiian or other Pacific Islander _____ Other (specify _____)



*Please check all the following that apply and provide explanations whenever possible.
Your answers will remain confidential.*

PARENTING CHALLENGES

___ Qualifies for free or reduced lunch. (BEEP is not licensed for a lunch program.)

Circle the household income figure that is the same or less than your gross income.

Household size	Yearly	Monthly	Weekly
2	\$30,044	\$2,504	\$578
3	\$37,777	\$3,149	\$727
4	\$45,510	\$3,793	\$876
5	\$53,243	\$4,437	\$1,024
6	\$60,976	\$5,082	\$1,173
7	\$68,709	\$5,726	\$1,322
8	\$76,442	\$6,371	\$1,471

___ Homelessness/inadequate housing

Check this if your family meets one of these: you share housing with friends or other families due to loss of housing, economic hardship or a similar reason; live in motels, hotels, or campgrounds because you have no permanent housing; live in emergency or transitional shelters like safe houses; or live on the streets, in parks or abandoned buildings.

___ Domestic violence

Check this if your child has ever seen or been a victim of physical, emotional, sexual, verbal, or neglectful abuse.

___ Alcohol/drug abuse

Check this if anyone currently living with the child, or who the child has frequent exposure to, is abusing drugs or alcohol.

___ Teen Parent at time of birth of this child

Either parent was under the age of 18 and unmarried when this child was born.

___ Parent has not completed high school or GED.

Check this if either parent does not have this completed.

___ Frequent family relocation

Check this if your family has changed residences more than two times in the last year.

SOCIAL SKILLS

- ___ Aggressive with other children
- ___ Short Attention span
- ___ Problem following directions
- ___ Very shy/withdrawn
- ___ Easily frustrated

Where, or what locations, is your child social? This could be at home, daycare, library, the park, etc. Does your child spend time with other children his/her age?

LANGUAGE

- ___ Child can't express what they want or need with words
- ___ Child speaks but is not understood (beyond what is typical for 3 or 4 year old development.)

AGENCY REFERRALS (must attach letter of referral)

- ___ Out-of-home placement, foster care
- ___ Dept. of Human Services referral

Are you currently receiving Child Care Assistance from any agency, and if so, with whom?

OTHER

Please let us know what other circumstances may be occurring in your child's life that you believe may affect his/her learning. Examples of issues in this category may be a recent separation or divorce, a death of someone close to your child, one parent forced to live away from the family for work or military deployment, or a mental or physical illness of someone in your family. There may be concerns about low birth weight, premature birth, failure to thrive, etc. or there may be current medical or health concerns. You may attach a separate paper or speak directly with the CPP Administrator at 970-884-7137.

Is English a second language for your child? Y N Language spoken in home _____

Parent/Guardian Signature

Parent Address Phone Number

Parent/Guardian Signature

Parent Address Phone Number

BEEP 2017-2018 Family Economic Data Survey

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List all student's attending BEEP (if more spaces are required for additional names, attach another sheet of paper)

Student's First Name	MI	Student's Last Name	No Income	Birth Date				Grade	Foster Child	Head Start	Runaway	Homeless	Migrant
				M	D	Y	Y						

Check all that apply. Read How to Apply for Free and Reduced Price School Meals for more information.

STEP 2 If household members (including you) currently participate in one of the following assistance programs: SNAP, TANF, or FDIPIR list the case number below.

Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF/Colorado Works – Basic Cash Assistance or State Diversion), or Food Distribution Program on Indian Reservations (FDPIR). **Provide case number and skip to Step 4.**

SNAP Case Number: _____ TANF Case Number: _____ FDIPIR Case Number: _____

STEP 3 Report income for ALL household members (Skip this step if you provided a case number in STEP 2)

A. Student Income

Please include the **TOTAL** income, if any, received by all students' listed above.

B. All Other Household Members (including yourself)

List all other household members not listed in Step 1 (including yourself) even if they do not receive income. For each household member listed, if they do receive income, report **TOTAL GROSS** (BEFORE TAXES AND OTHER DEDUCTIONS) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report.

Names of Other Household Members (First and Last)	Earnings from Work	How Often?			Public Assistance/Child Support/Alimony	How Often?			Pensions/Retirement/All Other Income	How Often?								
		Weekly	Bi-Weekly	2x Month		Monthly	Annually	Weekly		Bi-Weekly	2x Month	Monthly	Annually					
	\$																	
	\$																	
	\$																	
	\$																	

Total Household Members (Students' and Adults)

STEP 4 Contact information and adult signature. Mail signed and completed application to: PO Box 1584, Bayfield, CO 81222

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of state funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Mailing Address or PO Box: _____ Apt. # or Lot #: _____ City: _____ State: CO Zip Code: _____ Email Address: _____

Phone: _____ Printed First and Last Name of Signer: _____ Today's Date: _____

STEP 5 Release of Information

The information provided on this application will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices to seek enrollment of children into the above programs. Also, if your students are eligible to receive free or reduced price meals this information may be shared with the school/district for the purpose of waiving certain school/district program fees that your child(ren) might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect your student(s)' eligibility for school meals. Your information **WILL** be shared unless you check one of the boxes below:

Do NOT share my information with any programs Medicaid/SCHIP Do not share my information with the programs I have checked:

DISTRICT USE ONLY. DO NOT WRITE BELOW THIS LINE.

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12

Application Type:

- Total Household Income: \$ _____ Household Size: _____
 Household Income Frequency - Weekly Bi-Weekly 2x/Month Monthly Annually
 Categorical Eligibility - SNAP FDPIR TANF Foster
 Homeless/Migrant/Runaway/Head Start

Application Status:

- Approved - Free Reduced

Denied - Over Income Guidelines Incomplete/Missing: _____

Notes: _____

Determining Official Signature: _____

Approval/Denial Date: _____

Notification Sent: _____

COLORADO PRESCHOOL PROGRAM PARENT COMMITMENT FORM

Dear Parent(s):

The Colorado General Assembly established the *Colorado Preschool Program* based on research that indicates that young children who experience a high quality preschool program have greater success in their education than comparable children who do not. The key to high quality includes parent involvement.

SPECIAL NOTE TO PARENTS:

Your child must be 4 years of age ON or BEFORE September 15th of the school year and will be eligible to attend kindergarten the following year.

Please initial the following statements to indicate your commitment to the CPP Program.

_____ I am willing to carry out my child's Individual Learning Plan (ILP) at home.

_____ I am willing to ensure that my child will be in attendance the required sixteen hours a week, and will be there each day on time except for illness.

_____ I am willing to invest 15 voluntary hours in my child's education by participating in my child's classroom in whatever capacity meets my family's needs. (We understand that some parents work full time and that the only way to participate in the child's classroom would be with such things as assisting with teaching materials, sending snacks to school, assisting with fundraising events, etc.)

_____ I will participate in at least 2 parent/teacher conferences and complete a Family Satisfaction Survey.

PARENT /GUARDIAN NAME

DATE

PARENT/GUARDIAN NAME

NAME OF INTAKE COORDINATOR
BAYFIELD EARLY EDUCATION PROGRAMS

CHILD'S NAME