

*COLORADO  
PRESCHOOL  
PROGRAM  
2019-2020*



**Please fill out only if your child will be four years of age on or before September 15<sup>th</sup> 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.

Eligibility for your child's acceptance into CPP is based on the Eligibility Checklist which you complete, an interview with the Executive 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 Executive Director 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 Executive 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	\$31,284	\$2,607	\$602
3	\$39,461	\$3,289	\$759
4	\$47,638	\$3,970	\$917
5	\$55,815	\$4,652	\$1,074
6	\$63,992	\$5,333	\$1,231
7	\$72,169	\$6,015	\$1,388
8	\$80,346	\$6,696	\$1,546

\_\_\_ 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?

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**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?*

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**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/Executive Director at 970-884-7137.*

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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

# **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