



Dear Families,

They Tyrone Area School district offers free preschool programs to children that reside in the school district. Children must turn 3 or 4 by September 1, 2017 in order to be eligible. The free preschool programs are grant funded, we anticipate having 35 K3 spots and 15 K4 spots after accepting all the kids currently in K3.

It is important that you completed the preregistration packet. The risk factor criteria in this packet is the data that will be utilized to determine eligibility. Families will be contacted as to whether or not they met the criteria to be considered for a spot for the 2017-2018 school year. Families determined eligible will be contacted to schedule a time to come to registration on March 14 and 15<sup>th</sup>, 2017 at the Tyrone Elementary School.

All families with children age eligible are encouraged to complete the preregistration eligibility criteria located in the checklist below.

**Preregistration Eligibility Criteria Checklist 2017-2018 School Year**

<b>X</b>	<b>Please return the following to TAES by Friday, February, 24<sup>th</sup>, 2017:</b>
	Parent Agreement
	2017 Tyrone Elementary School Preschool Preregistration Form
	Copy of Birth Certificate
	Copy of Social Security Card
	Verification of Income: For families with employment: <ul style="list-style-type: none"> <li>• If you have completed your 2016 taxes please make a copy of your 1040.</li> <li>• If you have not completed your 2016 taxes, please make a copy the W2's for all adults living in the household that work. You may be asked to provide your 1040 at a later date.</li> </ul> For families with other sources of income please make copies of: <ul style="list-style-type: none"> <li>• Child Support</li> <li>• Disability</li> <li>• Government Assistance (Food Stamps, Cash Assistance, etc)</li> </ul>

The Preregistration Eligibility Criteria must be returned to the Elementary School by Friday, February 24<sup>th</sup> 2017. The office is open from 6:30am-4:15pm Monday through Friday. Packets can be mailed to Tyrone Elementary School, Attn: Amanda Kurtz, 601 Clay Ave. Tyrone, PA 16686.

Packets returned incomplete or late will not be considered.

Thank You,

Amanda Kurtz  
Assistant Principal  
Tyrone Area Elementary School  
[amkurtz@tyrone.k12.pa.us](mailto:amkurtz@tyrone.k12.pa.us)

TASD Early Childhood Center  
Parent Agreement  
2016-2017 School Year

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Due to grant funding all children must turn 3 between September 1, 2016 and August 31, 2017 to qualify for the K3 program.

**Transportation:** We are not able to provide transportation for children involved in the K3 Preschool Program. Please be sure to have arrangements made for your child's drop off and pick up. **\*\*Note:** Children who qualify for transportation under Early Intervention Services have an option to receive transportation through the Early Intervention Provider.

\_\_\_\_\_ (parent initial)

**Family Involvement Activities:** Teachers will be hosting three Parent Involvement Events in the evening during the school year. Family Fun Nights will also be hosted 2 evenings throughout the year. It is **mandatory** that the parent/guardian (someone who lives in the child's household) attend these events with their child. Failure to attend may result in your child being dismissed from the program.

\_\_\_\_\_ (parent initial)

**Attendance:** Preschool attendance is crucial to ensure success of the program. Children are not to have more than 12 unexcused absences. An excuse needs to be turned in to the teacher the day the child returns to school. An attendance rate of 80% must be met to fulfill the requirements of the Pre-K Counts Grant. Failure to keep a high attendance rate may result in our child being dismissed from the program.

\_\_\_\_\_ (parent initial)

**Class Preference (Morning or Afternoon):** The sessions we will offer next year may vary based on enrollment numbers and grant funding. Please indicate your preference for AM/PM and the number of days per week. Please note that all of the sessions listed below may not be offered next year, and there is no guarantee you'll receive your preference.

I prefer \_\_\_\_ AM (8:10-11:10\*) \_\_\_\_ PM (11:45-2:45\*) \_\_\_\_ No Preference

**\*These times are approximate. There is no guarantee that you will receive your preferred time. While we will give consideration to your preference, we also must consider funding sources, ratios, spots available, etc...**

I understand I may not be offered my preference. I have the right to accept or decline a spot if a spot is offered to my child.

\_\_\_\_\_ (parent initial)

**TAES Day Care Program** TAES offers a day care program in our school. Tuition fees do apply to the daycare program.

Do you hope to use TAES daycare services? YES NO

Child's Estimated Arrival Time: \_\_\_\_\_ Child's Estimated Departure Time: \_\_\_\_\_

It is the policy of the Tyrone Area School District not to discriminate on the basis of sex, handicap, race and national origin in its educational and vocational programs, activities, or employments required by Title IX, Section 504, and Title VI. Please direct questions about this policy to Ms. Cathy Harlow,, Superintendent of Schools, at 814.684.0710 Ext. 4123.

# 2017 Tyrone Elementary School Preschool Preregistration Form

(This information will be confidential to the Preschool Program).

Date Form Completed: \_\_\_\_\_

<b>Last Name (Child)</b>	<b>First Name (Child)</b>	<b>Middle Initial</b>
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<b>Street Address</b>		<b>County</b>	
<b>City</b>	<b>State</b> PA	<b>Zip Code</b>	
<b>School District of Residence</b>			
<b>Home Phone</b>	<b>Work Phone</b>	<b>Email Address</b>	

<b>Child's Date of Birth</b>	<b>Age</b> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>Race (optional)</b>	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Pacific	<input type="checkbox"/> Other
<input type="checkbox"/> Not Applicable	
<b>Ethnicity (optional)</b>	
<input type="checkbox"/> Hispanic	<b>Primary Language</b>
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> English
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Spanish
	<input type="checkbox"/> Other _____ (please specify)

<b>Last Name (Legal Guardian)</b>	<b>First Name (Legal Guardian)</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>Relationship to Child</b>	<b>(Select)</b>
<input type="checkbox"/> Father	<input type="checkbox"/> Biological
<input type="checkbox"/> Mother	<input type="checkbox"/> Foster
<input type="checkbox"/> Guardian	<input type="checkbox"/> Adoptive
<input type="checkbox"/> Other _____ (please specify)	<input type="checkbox"/> Other _____ (please specify)

<b>Role</b>	
<input type="checkbox"/> Primary Guardian	<input type="checkbox"/> Legal Guardian
<input type="checkbox"/> Secondary Guardian	<input type="checkbox"/> Other _____ (please specify)

<b>Household (Family) Size</b>									
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> _____	

**Other Child Eligibility Risk Factor Criterion (Must check all that apply):**

<input type="checkbox"/>	<b>Behavioral Supports:</b> A child who was referred to PA Pre-K Counts from an appropriately credentialed health or mental health practitioner who is not employed by the PA Pre-K Counts program; a child who is receiving mental health treatment. Additional verification beyond the interview is required.
<input type="checkbox"/>	<b>Child Protective Services:</b> A child who is a foster child, a kinship care child or receiving Children and Youth services.
<input type="checkbox"/>	<b>Education Level of Guardian:</b> Does not have high school diploma or GED or post-secondary degree. _____ Mother      _____ Father      _____ Other Guardian
<input type="checkbox"/>	<b>English Language Learner:</b> A child whose first language is not English and who is in the process of learning English is considered an English Language Learner. Language: _____
<input type="checkbox"/>	<b>Individualized Education Plan (IEP):</b> A child who is currently enrolled in the Preschool Early Intervention program with an active IEP. Verification would be a copy of the IEP or other source of documentation from the parent or Early Intervention provider. _____ Specialized Instruction    _____ Speech    _____ OT    _____ PT
<input type="checkbox"/>	<b>Incarcerated Parent:</b> A child for whom one of the child's parents is currently in prison.
<input type="checkbox"/>	<b>Homeless:</b> A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following: A. Children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to lack of alternate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; B. Children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; C. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings.
<input type="checkbox"/>	<b>Migrant (Non-Immigrant)/Seasonal Student:</b> A migrant child has moved from one school district to another in order to accompany or to join a migrant parent or guardian, who is a migratory worker or migratory fisher, within the preceding 36 months, in order to obtain temporary or seasonal employment in qualifying agricultural or fishing work including agri-related businesses such as meat or vegetable processing, working in nurseries such as Christmas and evergreen trees farming.
<input type="checkbox"/>	<b>Teen Mother:</b> A child whose mother was under the age of 18 when the child was born.
<input type="checkbox"/>	<b>Family Structure</b> ___ Single Parent    ___ Divorced    ___ Relatives as Guardians    ___ Adoption

**Family Comments** (Please comment here any additional information you feel we should know about your family as we determine eligibility for our Preschool Programs:

To the best of my knowledge, the information provided is accurate. I understand that I may be asked to verify or substantiate information provided.

\_\_\_\_\_  
 Parent/Guardian (Signature)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian Name (Print Name)

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