

Dear Parents/Guardians:

1. Please complete the Belding Preschool Application form to see if your child qualifies for this free, state-funded program.
2. Also attached is a Tuition Preschool Application. If you are concerned that your child may not qualify for the free program but you would still like your child included in this preschool class, please complete the Tuition Preschool Application.
3. Return both forms to us at the Belding Area Schools Administration building or mail them to:

Belding Early Childhood Center
Attention: Angela Bush
1975 Orchard Street
Belding, Michigan 48809

For more information about the program, please contact me at (616) 794-4713.

Thank you!

Angela Bush, Instructor/Director
Belding Early Childhood Center

WHAT IS BELDING PRESCHOOL?

1. Belding Preschool is a program funded by the Michigan Department of Education for qualifying three and four-year-old children whose birthdays are on or before December 1st of the current year. The Center is located at the Belding Area Schools Administration Building.

2. The following information applies to **four-year-old children**:

They attend school four days per week, Monday through Thursday, 8:45 a.m. - 3:45 p.m.
They receive two snacks and lunch each day.
They attend a classroom licensed by the State of Michigan.
They have two adults (teacher and assistant) working with them daily.

3. The following information applies to **three-year-old children**:

They attend school four days per week, Monday through Thursday, 8:45 a.m. – 11:30 a.m.
They receive a daily snack.
They attend a classroom licensed by the State of Michigan.

4. Parents:
can be involved by volunteering in the classroom.
attend field trips with the children and staff.
assist with fundraisers.
attend parent/child events and parent trainings.

OUR STAFF WILL BE PLEASED TO ANSWER ANY QUESTIONS YOU MAY HAVE ABOUT THE PROGRAM

BELDING PRESCHOOL APPLICATION
2011-12 School Year

BELDING PRESCHOOL offers a program for children who will be *three* or *four*-years-old on or before December 1 of the year the child is applying for admission. It is free to qualifying families. Please complete the following information so it may be determined if your family qualifies for this program. (Tuition spaces are also available if your child does not qualify for the state-funded program.)

Child's Name _____ Date of Birth ___/___/___

Parents'/Guardians' Names _____

Address _____ City _____ Zip Code _____

Home Phone No. _____ Message Phone No. _____

Today's Date _____

Personal questions are going to be asked that relate to the qualifying factors for your child. Feel free to not answer any question that makes you feel uncomfortable, but this may impact whether or not your child qualifies for this preschool program. All information is confidential and will be retained by the *Belding Preschool Program*.

Do you live in the Belding Area Schools District? _____

- _____ 1. What was the birth weight of your child? _____ lbs. _____ oz.
- _____ 2. Do you have any concerns about your child's development? _____
If yes, what area of development has you concerned?

- _____ 3. Has your child or any member of your family been physically, emotionally, or sexually abused? _____ Neglected? _____
- _____ 4. Does your child's diet consist of nutritionally-deficient foods high in carbohydrates instead of fruits, vegetables, dairy products and protein-rich foods? _____
- _____ 5. Does your child (or a family member) have a long-term or chronic illness? _____
If yes, please list relationship to child. _____
- _____ 6. Is your child receiving any services for speech, occupational or physical therapy? _____ (Circle service)
How long has your child been receiving this service? _____
Can you tell us who provided this service? _____
- _____ 7. Has your family moved more than two times in one year? _____
Has this been a problem for your child? _____

- _____ 8. Does your child have "out of control" temper tantrums? _____
If yes, does he/she hit or bite in anger? _____
Have you discussed this or received help from professionals? _____
- _____ 9. Are you concerned that someone in your family has abused drugs or has
an addiction? _____ How has this affected your child? _____

- _____ 10. Is your child speaking clearly? _____
If you have a concern about your child's speech, please describe:

- _____ 11. What language do you speak in your home? _____
Does your child know any other language? _____
- _____ 12. Was school difficult for either parent? _____
Did either parent drop out of school? _____
- _____ 13. Has your child been exposed to any toxic substances (alcohol, drugs, or
environmentally-induced respiratory problems) before or after birth?

- _____ 14. Is there a family history of diagnosed family problems? _____
- _____ 15. Did you or your family members fail to complete high school? _____
Do you have family members who are unable to read/write? _____
- _____ 16. Are you a single parent? _____
- _____ 17. Is either parent currently unemployed? _____
- _____ 18. Please give an estimate of your ANNUAL income before taxes. _____
- _____ 19. How many people live in your home? _____
- _____ 20. Has your child been impacted by a death in your immediate family? _____
By a divorce? _____ If so, does your child have time with both
parents? _____
- _____ 21. How old were you when this child was born? _____
How old was your child's other parent? _____
- _____ 23. Has either parent been in jail? _____ If yes, was this a really difficult
experience for your child? _____
- _____ 24. Is your home located in a rural or segregated area? _____
- _____ 25. Has your child been tested by a team of professionals to determine if
he/she has special needs relating to education? _____

**BELDING PRESCHOOL
TUITION BASED APPLICATION
Application for Enrollment
School Year 2011-2012**

Child's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Name of Parent/Guardians: Mother: _____

Father: _____

Preschool tuition is based on \$8.00 per half day session and \$17.00 per full day session. Stated amounts may vary somewhat depending on the number of days that falls in each month. Payment is due on the 1st of each month for that month of preschool. Tuition for the 2011-2012 school year is as follows:

HALF DAY SESSIONS:

2 days per week - approx. \$56.00/month

4 days per week - approx. \$120.00/month

*Included in the price is a daily nutritional snack.

FULL DAY SESSIONS:

2 days per week - approx. \$119.00/month

4 days per week - approx. \$238.00/month

*Included in the price is two daily nutritional snacks and lunch.

I would like my child to attend the: (Check One)

___ Morning Three-Year Old Preschool (HALF DAY)
8:45 a.m. to 11:30 a.m. ___ Two Days Per Week ___ Four Days Per Week

___ Full Day Four-Year Old Preschool
8:45 a.m. to 3:45 p.m. ___ Two Days Per Week ___ Four Days Per Week

___ Half Day - Afternoon Four-Year Old Preschool
1:00 p.m. to 3:45 p.m. ___ Two Days Per Week ___ Four Days Per Week

___ Half Day - Morning Four-Year Old Preschool
8:45 a.m. to 11:30 a.m. ___ Two Days Per Week ___ Four Days Per Week

Parents Signature: _____ Date: _____