

Newton Community Preschool  
2021-2022



Applications are available starting Feb 3, 2021 from 3 locations:  
EJH Administration office, Thomas Jefferson Elementary or from  
our website.

Newton Community Preschool provides 2 different programs:

- **Four Year Old Program** (students must be 4 on or before September 15, 2021). There is no monthly tuition fee for this program as it is funded by the State of Iowa. The back of the 4 year old application needs to be completed, or the application will not be considered. Completed applications received by 3:30 pm on March 1, 2021 will be reviewed together, with preference given based on family income.
- **Three Year Old Program** (students must be 3 on or before September 15, 2021). This program has a monthly tuition fee of \$25. ***The 3 year old program will have approximately 20 spots, which will be awarded via a lottery system. (see below)***

What you need to bring, email or mail to EJH Administration by March 1, 2021:

- the 2021-2022 Application
- a current immunization record
- a copy of your child's birth certificate
- documentation of health insurance for your child
- Proof of residency (driver's license or utility bill with current address)

EJH Administration is located at 1302 1st Ave W or you can email the forms to  
robertsonm@newtoncsd.org

***Applications will not be considered complete unless all 5 of the documents listed above are received. Applications will NOT be accepted at any elementary in the district.***

All applications received by 3:30 pm on March 1, 2021 for the four year old program will be notified by email by March 12, 2021. Those applications received after that date will be reviewed and notified within 2 weeks.

**LOTTERY SYSTEM:** All applications received by 3:30 pm on March 1, 2021 will be given a number. We will then draw 20 numbers from a hat to determine who gets those 3 year old spots. Three year old program members will be notified by March 12, 2021. The remainder of the applications will be placed on the waiting list.

If you have any questions, please contact Melinda Robertson, at 641.792.5809 or  
robertsonm@newtoncsd.org.

Approval Date

\_\_\_\_\_



**Newton Community Preschool Application 2021-2022**

**(the child must turn 4 on or before September 15, 2021)**

Our preschool is working very hard to meet the needs of the families in our program. To help us do that, please complete this application form and return. Completed applications received by 4:30 pm on March 1, 2021 will be reviewed together, with preference given based on family income.

**APPLICATION IS NOT CONSIDERED COMPLETE UNTIL BOTH SIDES OF THIS APPLICATION AND ALL 4 ADDITIONAL DOCUMENTS ARE SUBMITTED.**

Current Immunization Record      Copy of Child's Birth Certificate  
Proof of Health Insurance for Child      Proof of Residency

Child's name: \_\_\_\_\_ Child's Birth date: \_\_\_\_\_ Male/Female  
(Please Circle)

Parent/Guardian Names: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address \_\_\_\_\_  
House number/Street      Town      State      Zip

Please circle your **preference** for either our A.M./P.M. session: **A.M.** or **P.M.** **No Preference**  
**(We will do our best to accommodate your preference)**

Will your child attend any other preschool or childcare in addition to this preschool? Yes No  
If yes, please name the preschool or childcare provider \_\_\_\_\_

**Please complete both sides** of this form and return to Melinda Robertson at the district office. The district office is located at 1302 1st Ave W or you can scan and email the documents to robertsonm@newtoncsd.org. After a **complete application packet** is received, we will notify you by email if you are accepted into the program. If you are accepted into the program, there will be additional online registration to complete prior to your child starting school.

**I agree** to provide transportation for my child to Thomas Jefferson Elementary School each day and ensure that my child will have regular attendance at preschool. **I understand** that regular attendance is essential for my child's development in reading, math, writing, social-emotional and communication skills. Please initial here if you agree to the statement above \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent/Guardian Completing Form      Printed Name of Parent/Guardian Completing Form      Date

## 4 Year Old Program Only

The following information is needed because we are a grant based program. This information needs to be filled out in order for your child to enter into our program. This information is kept confidential.

FIP or Food Assistance Eligible: Enter the FIP or Food Assistance Case Number for ANY household member as listed in the Notice of Decision. NOTE: Medicaid, Title XIX, FIP card number and EBT card numbers are not acceptable.

Name of household member with case number \_\_\_\_\_

List case number \_\_\_\_\_

List the names of everyone living in your household. For FOSTER children, include only money available for child's personal use or child's own income.				Gross Income: Report income by how often the household member is paid				Other Monthly payments or income received			
Last Name	First Name	Foster Child	Age	Check if No Income	Gross amount received weekly	Gross amount received every 2 weeks	Gross amount received twice a month	Gross amount received monthly	welfare, child support, alimony, adoption subsidies	pension, retirement, social security, SSI, VA	All Other Income
		Y / N									
		Y / N									
		Y / N									
		Y / N									
		Y / N									
		Y / N									
		Y / N									

I certify (promise) that all information on this application is true and that all income is reported if required. I understand that I will receive benefits from Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, my children may lose preschool benefits, and I may be prosecuted.

\_\_\_\_\_  
Signature of Adult Completing Form

\_\_\_\_\_  
Printed Name of Adult Completing Form

\_\_\_\_\_  
Date Signed

After a complete application packet is received, we will notify you by telephone or mail about your acceptance status. If you are accepted into the program, there will be additional forms to fill out for registration prior to the child starting school.

**Documentation required to accompany application:**

- Updated Immunization Record
- Copy of Child's Birth Certificate
- Proof of Insurance for Child

**Netwon Community Preschool**  
**EJH Beard Administration Center**  
**1302 First Avenue West**  
**641.792.5809**

**ATTN: Melinda Robertson**