

WEST HAVEN DEPARTMENT OF EDUCATION

"Schools Committed to Excellence"



Office Address: 355 Main Street, West Haven, CT 06516

Mailing Address: P.O. Box 26010, West Haven, CT 06516

School Readiness Office

Telephone: (203) 931-6836

Fax: (203) 937-4318

Dear Parent/Guardian:

Please be advised that in order to be eligible for the West Haven School Readiness Program, you must:

1. **APPLICATION:** Complete, sign and date the **School Readiness Registration Form** (carefully read the bold print directly above your signature).
2. **RESIDENCY:** Please provide full-page copies of two (2) or more different current documents (within 2 months ~ no duplicates please) as listed. **These are the only documents that will be accepted. We do not accept shut-off notices.** Mortgage Statement, Lease, UI, AT&T, Frontier, RWA, SCG, Comcast, Xfinity, DirecTV, DISH Network, Oil, Real Estate Tax Bill.
3. **INCOME:** Please provide copies of any of the following for each parent/guardian in the household:
 - (a) Four (4) current paystubs showing gross income. The State of Connecticut requires four (4) paystubs whether you get paid weekly, bi-weekly or monthly; or
 - (b) A signed, dated letter from your employer verifying either hours worked and hourly rate or annual income; or
 - (c) Other income (State Assistance Budget Sheet, Unemployment, Disability, SSI, etc.); or
 - (d) Most recent Federal Income Tax Return (the page showing total income).
4. **BIRTH CERTIFICATE:** Provide a copy of your child's birth certificate.
5. **AUTHORIZATION** to share student information.



You may submit the application and required documentation as follows:

- Mail: Attn: Beth ~ School Readiness Office, WH Board of Education, P.O. Box 26010, West Haven, CT 06516, **or**
- E-Mail: beth.meyer-franz@whschools.org, **or**
- Fax: 203-937-4318

Once your application for the School Readiness Program is received, reviewed and deemed complete, you will be notified, in writing, that your child has been put on the waiting list. Once a spot becomes available for your child you will be contacted, in writing, by the School Readiness Office. If you have questions or concerns, please call the School Readiness Office at (203) 931-6836. Please note that busing is not available for preschool programs.

Regular attendance is expected; if a child has excessive absences they will be withdrawn from the program to allow admittance of another child in need of care. If a parent/guardian/family has an outstanding balance at any state and/or federally funded program in the City of West Haven and refuses to pay the outstanding balance, they will not be eligible for any state and/or federally funded slot until the balance is paid in full. If a state and/or federally funded program within the City of West Haven has a parent who leaves, or is withdrawn, for an outstanding balance, the program must immediately report the information to the School Readiness Office. The School Readiness Office will then notify all state and/or federally funded programs within the City of West Haven of the parent/guardian/family with an outstanding balance. Your Care4Kids certificate will be shared between the School Readiness site and the School Readiness Office.

PLEASE NOTE, THAT UNDER PENALTIES OF PERJURY, THE ALL QUESTIONS SHALL BE ANSWERED TRUTHFULLY. IF INFORMATION CONCERNING ANY DOCUMENTS INCLUDING, BUT NOT LIMITED TO, RESIDENCY PROVES TO BE INVALID OR FRAUDULENT, YOUR CHILD SHALL BE DISENROLLED AND THE PARENT/GUARDIAN SIGNEE SHALL BE ASSESSED TUITION AND MAY BE PROSECUTED UNDER THE CRIMINAL STATUTES OF THE STATE OF CONNECTICUT. THE BOARD OF EDUCATION SHALL SEEK TO RECOVER SUCH TUITION THROUGH ALL AVAILABLE CIVIL REMEDIES.

Respectfully,
Melanie A. Deninger
Early Childhood Coordinator/School Readiness Liaison

WEST HAVEN SCHOOL READINESS PROGRAM APPLICATION

STUDENT'S NAME: _____ MALE _____ FEMALE _____
(Last) (First) (Middle)

STUDENT'S ADDRESS: _____ TELEPHONE: _____

DATE OF BIRTH: ____/____/____ AGE: ____ PLACE OF BIRTH: _____

IS THE STUDENT HISPANIC / LATINO? ____ Yes ____ No
RACE: Amer. Indian ____ Asian Amer. ____ Black ____ Hispanic ____ White ____
STUDENT LIVES WITH: Both Parents ____ Mother ____ Father ____ Stepmother ____ Stepfather ____ Other ____

SITE CHOICE(S) Please choose at least one ~ PROGRAM CHOICE(S) Please choose at least one

◆ **KID'S CLUB** _____ I prefer FULL DAY preschool
270 Center Street (5 days week/10 hours day/50 weeks per year)

_____ I prefer SCHOOL DAY preschool
(5 days week/6 hours day/180 days per year)

◆ **WEST HAVEN CHILD DEVELOPMENT CENTER** _____ I prefer FULL DAY preschool
201 Noble Street (5 days week/8 hours day/50 weeks per year)

_____ I prefer SCHOOL DAY preschool
(5 days week/6 hours day/180 days per year)

_____ I prefer PART DAY preschool
(5 days week/2.5 hours day/180 days per year)

◆ **TUTOR TIME** _____ I prefer FULL DAY preschool
221 Bull Hill Lane (5 days week/10 hours day/50 weeks per year)

◆ **KIDDIE TECH UNIVERSITY** _____ I prefer FULL DAY preschool
1120 Boston Post Road (5 days week/10 hours day/50 weeks per year)

_____ I prefer SCHOOL DAY preschool
(5 days week/6 hours day/180 days per year)

_____ I prefer PART DAY preschool
(5 days week/2.5 hours day/180 days per year)

◆ **HEADSTART** I prefer EXTENDED DAY preschool
227 Elm Street (5 days week-hours determined by Site/50 weeks per year)
PLEASE CONTACT HEAD START DIRECTLY BY CALLING 203-934-5221

1st Choice _____ **2nd Choice** _____

Once your child's file is complete, your child will be placed on the waiting list for a School Readiness spot.

FATHER'S INFORMATION

MOTHER'S INFORMATION

Name: _____
(Last) (First)

Address: _____

Telephone: _____ Date of Birth: _____

Cell Phone: _____

Place of Employment: _____

Work Telephone: _____

E-mail Address: _____

Name: _____
(Last) (First)

Address: _____

Telephone: _____ Date of Birth: _____

Cell Phone: _____

Place of Employment: _____

Work Telephone: _____

E-mail Address: _____

GUARDIAN'S INFORMATION (if not Father or Mother)

Name: _____
(Last) (First)

Address: _____

Place of Employment: _____

Cell Phone: _____

Relationship to Student: _____

Telephone: _____ DOB: _____

Work Telephone: _____

E-mail Address: _____

Most frequent language spoken at home: _____

Student's Doctor: _____ Telephone: _____ Hospital Preference: _____

Name of relative or neighbor we may call who is willing to assume responsibility for your child if we are unable to contact you:

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Does your child have any medical conditions, such as severe reactions to insect bites, medications or foods, which may require emergency medical treatment? Yes _____ No _____ (if yes, the school nurse will contact you).

List the names of all brothers and sisters living in your household (include date of birth, relationship and current school):

<u>Name</u>	<u>Date of Birth</u>	<u>Brother / Sister</u>	<u>Current School</u>

By my signature below, I hereby certify and declare under penalties of perjury, that all questions have been answered truthfully. If information regarding residency proves to be invalid and fraudulent, the child will be removed and the Parent/Guardian signee shall be assessed tuition and may be prosecuted under the criminal statutes of the State of Connecticut. The Board of Education shall seek to recover such tuition through all available civil remedies.

Signature of Parent or Guardian: _____ Date: _____

As evidence of residency, a registrant shall provide the school official with two (2) or more of the most recent documents (no duplicates or shut-off notices):

1. Mortgage receipt
2. Pertinent provision of lease
3. Utility bill(s): UI, AT&T, Frontier, RWA, SCG, Comcast, Xfinity, DirecTV, DISH Network, Oil

Notarized statement for residency when non-resident student is living with residents of West Haven is in addition to two (2) proof of residency documents.

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Authorization to Share Student Information

I hereby grant permission to **West Haven Public Schools** (355 Main Street, West Haven, CT 06516)

to share all education-related information concerning my child:

Student's Name

Date of Birth

with **West Haven School Readiness Program sites**.

The confidentiality of this information is protected under Chapter 899 of the CT General Statutes.

Parent's Signature

Date

Parent's Name (please print)