



**Collaborative for  
Colchester's Children**

HEALTHY, HAPPY & SUCCESSFUL CHILDREN

## Colchester School Readiness Program Application

Through a School Readiness grant funded by the Connecticut Office of Early Childhood, there are a number of spaces available in NAEYC-accredited, quality preschool programs for 3, 4, and eligible 5 year old children through the Colchester School Readiness Program. *These low or no cost preschool spaces are provided through Colchester preschool programs.*

### **For the 2017-2018 school year, the Colchester School Readiness Program is actively seeking:**

- Children who are not enrolled in a preschool program;
- Children who are residents of Colchester;
- Families who want a 5 day a week program;
- Families who may find it difficult to pay for preschool (All families may apply; though priority is given to those families that fall under 75% of the State Median Income, \$81,444 for a family of 4).

### **For the 2017-18 school year, the following types of preschool programming will be available through Colchester providers as part of the School Readiness Program:**

- **School day/School year-** the preschool program offers early care and education services for 6 hours of schooling per day, 5 days a week for the duration of the school year. Children eligible for this type of space must be consistently in need of services for a minimum of 5 hours per day, 5 days per week for the school year. There is no summer programming included. A parent fee is charged based upon a sliding scale depending upon income and family size.
- **Part day/School year-** the preschool program offers early care and education services for 2 ½ hours per day, 5 days a week for the duration of the school year. Morning and afternoon sessions are offered. There is no summer programming included. Part day spaces are provided at no cost to the family.
- **Note:** Due to changes in educational requirements required by the State of Connecticut, Full day/Full year spaces are no longer available as part of the School Readiness program in Colchester.

Another option for part day, school year programming is the **Head Start program** run by TVCCA. This program is located at Colchester Elementary School. It operates from 9-1:30 and includes breakfast and lunch. If you check this option, your contact information will be passed along to Head Start.

Applications are currently being accepted for the 2017-2018 school year. If interested, please complete the enclosed application or find one at [www.ColchesterC3.org](http://www.ColchesterC3.org). At the bottom of the home page, click on **School Readiness Applications**. Paper copies of the application will also be available at the office in the Colchester Elementary School. Once your application has been processed, your application will be placed in an application pool. Decisions for placement will be made *by May 15*, based upon need and date received.

### **Submit completed application packet to:**

Cindy Praisner, c/o Colchester Elementary School, 315 Halls Hill Road, Colchester, CT 06415

If you have any questions, please contact Cindy Praisner, Early Childhood Coordinator at 537-0717 or [cpraisner@colchesterct.org](mailto:cpraisner@colchesterct.org).

## Colchester School Readiness Program Application 2017-2018

Through a School Readiness grant funded by the Connecticut Office of Early Childhood, there are a limited number of spaces available in NAEYC-accredited, quality preschool programs for 3, 4, and eligible 5 year old children through the Colchester School Readiness Program. 5 year old children are only eligible if they are not yet 5 by January 1, 2018. *These low or no cost preschool spaces are provided through Colchester preschool programs.*

Child's Full Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

*\*Colchester Residency will need to be verified before placement of a child into the program.*

Child's Birth Date: \_\_\_\_\_ Child's Gender:  Male  Female

Child's Primary Language: \_\_\_\_\_ Primary Language of the Household: \_\_\_\_\_

If primary language is not English:  No English spoken in home  Some English spoken in home

Has the child attended a program before?  Yes  No Does your child have an IFSP/IEP?  Yes  No

Parent/Guardian Marital Status:  Single  Married  Separated  Divorced

Is either parent deceased:  Yes  No

Family Type:  Teen Parent  Foster  Relative/Grandparent as Guardian  Multiple Children 3-5yrs old

Mother/Guardian Name: \_\_\_\_\_ Father/Guardian Name: \_\_\_\_\_

Completed high school or GED  Yes  No Completed high school or GED  Yes  No

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Number of family members in your household: \_\_\_\_\_

**Total household income \$** \_\_\_\_\_

Please **CIRCLE** all the income your family receives including: Wages, SSI, Social Security, Rental Income, Worker's Compensation, Unemployment, Foster Care Subsidy, Alimony, Pensions, Veterans Benefits, Cash Assistance, Dividends/Interest (if over \$10/month). *\*Income will need to be verified before placement of a child into the program.*

**Please check the type of health insurance that your child has:**

- Husky Health Insurance       Private Insurance       No Health Insurance

**What are your childcare needs?**

Hours per week your child needs care: \_\_\_\_\_ Current cost of that care: \_\_\_\_\_

**What type of program are you interested in: (Check all that apply)**

All programs are Monday through Friday.

- Part Day (2.5 hours per day either AM or PM session for School Year Only). No cost.  
 School Day (9 am to 3 pm for School Year Only). Sliding scale family fee based upon income.  
 Please also refer my child to the Head Start Program operated by TVCCA.

**Family Stressors. Check any that apply:**

<input type="checkbox"/>	Disabled or chronically ill parent
<input type="checkbox"/>	Sibling with significant diagnosed disability
<input type="checkbox"/>	Incarcerated parent
<input type="checkbox"/>	Deployed military parent
<input type="checkbox"/>	Domestic violence concern
<input type="checkbox"/>	Mental health concerns
<input type="checkbox"/>	Substance abuse
<input type="checkbox"/>	Current DCF involvement
<input type="checkbox"/>	Homeless or insecure housing situation; please explain below.

**Any additional comments or concerns about your child or family situation:**

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**I ATTEST THAT THE INFORMATION GIVEN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE