

Financial Aid Options at Ruth Washburn for 2016-2017 School Year

Ruth Washburn Financial Aid-All Ruth Washburn Families are eligible to apply

The purpose of the financial aid program is to enable a student of any background to attend the school who might otherwise be unable to attend because of financial limitations.

Financial need is the primary criteria for the selection of financial aid recipients. Other considerations may be made in allocating aid among those families with demonstrable financial need. In order of decreasing priority, aid should be allocated to:

School families: As a cooperative nursery school, we are serving families with young children. We want all children in a family to have an equal opportunity to attend our school if the family has limited resources.

Minority families: One goal of the school is to have a broader racial and ethnic population. The availability of financial aid is one component that can be used to realize that goal.

Children with special needs: The enrollment of children with special needs, within our ability to provide for their needs, is a valuable goal for our school.

A three-person committee will review all applications for aid and determine the amount of aid to be granted. This committee will be appointed by the Board of Governors. The committee will notify families of final decisions via the School's Business Manager within approximately one month of the application deadline. The review process will be confidential and anonymous.

In order to offer aid to as many families as possible, financial aid generally does not exceed 50% of tuition costs, however the financial aid committee has the power to award an amount that is higher than 50% if deemed appropriate. Every financial aid family is required to pay the balance of tuition for their child/children.

Financial aid will be confidential and carry no special requirements other than those shared by the general membership. Financial aid is, however, contingent upon the child(ren) attending at least 90% of the scheduled class days for the school year. The financial aid will not be reduced or withdrawn during the school year unless the child(ren) is/are withdrawn or expelled from school. Willful neglect of the member's co-op responsibilities could be the basis for reduction or rejection of financial aid in the current or subsequent years.

Colorado Preschool Program-Families residing in District 11 are eligible to apply

The Colorado Preschool Program was established by the Colorado General Assembly to provide tuition funds for families in need. Ruth Washburn has community tuition-free spots available each year for families who qualify. Qualifying criteria include, but are not limited to:

- Significant financial hardship
- Parental mental health issues
- Overseas deployment
- Frequent relocations by the family
- Traumatic events in the child's life
- Language and social skill concerns
- Premature birth (prior to 32 weeks)

Eligibility requirements vary depending on age. Families of three year old applicants must qualify in multiple areas. Students must turn 3 or 4 years of age by October 1 to be eligible for the program.

The availability of preschool slots supported by CPP is subject to the Colorado legislative budget process, which determines the number of students who can receive funds each year. This year we have asked for 14 slots, but we will not be notified about who actually has a spot until May.

Students who receive a fee/tuition free spot will also be assessed by the trained classroom teacher three times per year using the Teaching Strategies Gold assessment system. This assessment is required by both the State of Colorado and Colorado Springs School District 11 as part of the contract we sign with them. This assessment helps to insure that all preschool students in the state of Colorado are receiving quality education.

Please fill out and return by April 1,
ONLY if applying for financial aid.

Financial Aid Worksheet

Family Name (This will be blacked out before it is given to committee)_____

Net Annual Income (how much do you bring home annually)_____

How many adults in household?_____

How many children under age 18 in household?_____

How many children are attending Ruth Washburn 2016-2017?_____

Classes child(ren) will be attending 2016-2017 school year _____

Did you receive Financial Aid from RW last year?_____ if so, how much?_____

Do you reside in D11?_____ If so, have you applied for CPP funding?_____

Please check all community resources your family is currently utilizing?

- TANF-Temporary Assistance for Needy Families
- Food Stamps
- Medicaid, CHP+
- WIC

How much do you feel you are able to pay per month (over 11 months) toward tuition?_____

Are you able to pay the registration and equipment fees?_____

Do you need financial aid help for the entire school year or only part?_____ How long if only part?_____

Describe any unusual or pertinent *family* circumstances that you feel should be part of this application. (Feel free to attach typed statement)

Describe any unusual or pertinent *financial* circumstances that you feel should be part of this application. (Feel free to attach typed statement)

Attach **COPIES** of the following documents to this application. Your name will be blacked out before it is given to the committee. *You will not receive these copies back so do not attach originals!*

- Copy of your full **Federal** taxes from the past year, including all schedules and all pages.
- Copy of W2s and all other supporting documentation for filing taxes last year.
- Most recent pay stub that would show year-to-date earnings.
- Proof of community resources checked above (TANF, Food Stamps, WIC, etc.)
- Child Support or Spousal Support documents if applicable.

**Early Childhood Program
School District 11**



PRESCHOOL INTAKE FORM

Optional-Colorado Preschool Program Application

Please fill out packet and either return to Ruth Washburn or the Early Childhood Office in District 11 at 2560 International Circle, Colorado Springs, CO 80910. Please call 520-2540 with questions about the program or application.

Please read guidelines on the previous page to determine whether or not you are eligible to apply.

PLEASE PRINT ALL INFORMATION

Date _____ Neighborhood School _____

My Child has siblings permitted to _____ School

Child's Name _____ DOB _____ Sex: ___M___F
 (Legal) Last Name First Name Middle Name mo/day/yr

Name Child Goes By _____

Last Name First Name

Please list all adults in the home:

First Name	Last Name	Date of Birth	Last Grade Completed	Relation to Child	Place of Work	Work Phone

Child's Address: _____ Apt # _____

City _____ Zip Code _____

Home Phone# _____ Cell Phone# _____

Message Phone# _____ Name of Person at Msg#: _____

Are you interested in a private preschool option that offers a free part day preschool program with parent paid wrap around childcare? ___YES ___NO

If there are no openings in your neighborhood school would you be interested in transporting your child to a free private preschool option located in one of the following areas? (check choice) ___South ___North ___Central

Parent request _____

(SEE BACK)

Primary Language(s) - Parent(s) _____ Child _____ Other(s) spoken at home _____

Are you interested in a class to learn English? YES NO

Is your student Hispanic/Latino origin? (choose only one) YES NO

Which of the following groups describe your child's race? (choose one or more) Black or African American

American Indian or Alaska Native Native Hawaiian or Other Pacific Islander. Asian

White. (A person having origins in any of the original peoples of Europe, The Middle East, or North Africa.)

We offer a variety of preschool services to meet the developmental needs of three and four year old children. The first step is to get a brief overview of your child's development.

Parent concerns _____

Have you completed paperwork for Infant/Toddler or Preschool programs in Colorado Springs? YES NO

If "yes, where? _____ When? _____

Has your child been evaluated or received therapy services in the past or currently? YES NO

Where? (Private Provider, Head Start, Resources, Hospital) _____

Does your child have a current IEP (Individual Education Plan)? YES NO

If "yes, from where? _____

Signature - Form completed by: Parent, guardian or educational surrogate (circle one) _____ Date _____

THIS INFORMATION MAY BE SHARED WITH COMMUNITY PARTNERSHIP FOR CHILD DEVELOPMENT



HEALTH HISTORY

Child's Name: _____ DOB _____ Age _____

BIRTH HISTORY

How far along were you when you found out you were pregnant? _____

Did you receive prenatal care? YES NO

Did mother smoke or use alcohol during pregnancy? YES NO If "yes, which? _____

What drugs or medication were taken during pregnancy? _____

Did mother have any illness or difficulties during the pregnancy? YES NO

Explain: _____

Length of pregnancy: _____ month Length of Labor: _____ hours

Labor was: easy normal difficult Delivery was: vaginal C-Section

Comments: _____

Was oxygen needed for the infant? YES NO Was a blood transfusion needed? YES NO

Child's birth weight _____ lbs _____ oz.

Any other complications at or right after birth? _____

EARLY DEVELOPMENT

As an infant did/does your child have any difficulty with feeding? YES NO

Allergies _____ Colic _____ Poor Weight Gain _____ Formula Intolerance _____

Explain: _____

Did you or anyone else have serious concern that your child was not growing well? YES NO

Explain: _____

IN THE FOLLOWING AREAS, PLEASE CHECK WHETHER YOUR CHILD WAS EARLY (E), AVERAGE (A), OR LATE (L) IN DEVELOPING:

	E	A	L		E	A	L
Turned over	—	—	—	Walked alone	—	—	—
Smiled at parents	—	—	—	Fed self	—	—	—
Sat alone	—	—	—	Said "no" "no"	—	—	—
Crawled	—	—	—	Used sentences	—	—	—
Said first word	—	—	—	Stayed dry during day	—	—	—
Helped with dressing	—	—	—	Stayed dry at night	—	—	—
Drank from a cup	—	—	—	Dressed alone	—	—	—

Additional comments on your child's development _____

(SEE BACK)

MEDICAL HISTORY

Has your child had any of the following? (Please check and comment on line below)

- | | | |
|---|--|---|
| <input type="checkbox"/> Upper Respiratory Infections | <input type="checkbox"/> Bone/Orthopedic problems | <input type="checkbox"/> Sleeping Problems |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Head Injuries/unconsciousness | <input type="checkbox"/> Dental Problems |
| <input type="checkbox"/> Medications? | <input type="checkbox"/> High Fever | <input type="checkbox"/> Feeding/Eating Problems |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Weight Problems |
| <input type="checkbox"/> PE Tubes | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hyperactive |
| <input type="checkbox"/> Frequent Sore Throat | <input type="checkbox"/> Heart Problem/Condition | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Stomachaches | <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Bladder/Kidney Problems | <input type="checkbox"/> Frequent Nose Bleeds | <input type="checkbox"/> Significant accident or injury |

If yes, please explain _____

Has your child ever seen a medical specialist? YES NO If "yes explain _____

CURRENT HEALTH STATUS

How is your child's health now? Excellent Good Fair Poor

Explain any health problems concerns: _____

Does your child have a known medical diagnosis? YES NO If "Yes, what is it? _____

Is your child on medication now? YES NO

Medication	Dosage	Times Given	Reason
_____	_____	_____	_____
_____	_____	_____	_____

Are your child's shots up-to-date? YES NO

Date of last physical exam: _____ Physician's Name: _____ Results: _____

Hospital of choice: _____

Date last dental exam: _____ Dentist's Name: _____ Results _____

Date of last vision test: _____ Eys Doctor's Name: _____ Results: _____

Does your child wear glasses or contact lenses? YES NO

Explain any eye problem and when it started: _____

Date of last hearing test: _____ Where _____ Results _____

Do you think your child might have a hearing problem? (Turns television too loud, says "what" frequently, speaks too loudly) YES NO

If "yes, explain: _____

NUTRITION

Any food allergies _____

Describe what your child eats in a typical day _____

Describe his/her eating habits _____

FAMILY MEDICAL HISTORY

Is there a family history of the following? (Check and put relationship to child)

- asthma epilepsy diabetes neurological disorders heart T.B. Birth defects
 other _____

Anything else you feel we should know about your child's health? _____

Signature of Person Completing Form

Date

SOCIAL HISTORY

Child's Name: _____ DOB _____ Age: _____

Please list all children living and deceased in order of birth:

Last Name	First Name	DOB m/d/y	Gender M/F	School Attending	Permit	Grade

Are any of your children adopted? YES NO If "yes at what age? _____

Which description best fits your family? (Check only one):

- Two-parent family Single-parent family, mother only
 Single-parent family, father only Single-parent family, mother living with partner Foster family
 Single-parent family, living with partner Other relative(s): please specify: _____
 Legal guardian of enrolled child _____
 Foster family _____

Has there been a separation or divorce? YES NO When? _____

What was your child's reaction? _____

Is the separated parent in contact with your child? _____

Custody arrangement: _____

Is this child a foster child? YES NO Is foster placement through DHS? YES NO

If yes, how long has this child lived in your home? _____ If no, does the child live with parents _____

Health Insurance including Medicaid Private CHP+ Tricare None Other _____

Public Assistance you or your child is currently receiving: None TANF WIC SSI FOODSTAMPS CCAP

Medicaid Number _____

If you have older children do you qualify for free or reduce lunch? Free Reduced I do not know

Current Preschool/Childcare: _____

My child's strengths: _____

I am worried about: _____

My child enjoys: _____

My child is bothered by: _____

PLEASE CHECK THOSE THAT DESCRIBE YOUR CHILD:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Rocks or Spins | <input type="checkbox"/> Shy or timid | <input type="checkbox"/> Has staring spells |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Has temper tantrum | <input type="checkbox"/> Well-coordinate | <input type="checkbox"/> Avoids attention |
| <input type="checkbox"/> Falls often | <input type="checkbox"/> Has fears | <input type="checkbox"/> Avoids eye contact | <input type="checkbox"/> Curious |
| <input type="checkbox"/> Has a sense of humor | <input type="checkbox"/> Holds breath | <input type="checkbox"/> Clumsy | <input type="checkbox"/> Bangs head repeatedly |
| <input type="checkbox"/> Has sleep problems | <input type="checkbox"/> Creative | <input type="checkbox"/> Show dare-devil behavior | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Prefers to play alone | <input type="checkbox"/> Doesn't pay attention | <input type="checkbox"/> Dislikes changes in routine | <input type="checkbox"/> Licks or smells non-food items |
| <input type="checkbox"/> Spins, lines up toys | <input type="checkbox"/> Shares toys | <input type="checkbox"/> Difficulty taking turns | <input type="checkbox"/> Demands constant attention |
| <input type="checkbox"/> Interest in others | <input type="checkbox"/> Plays correctly w/ toys | <input type="checkbox"/> Stays with an activity | <input type="checkbox"/> Tries things for self |
| <input type="checkbox"/> Stays with activity | <input type="checkbox"/> Asks for help from adults | <input type="checkbox"/> Imitates sounds/ movements | |

(SEE BACK)

CIRCLE YES OR NO TO THE FOLLOWING QUESTIONS:

Will your child keep trying to do a task that might be challenging or that they dislike?	Yes	No
Does your child accept being told "no" by an adult?	Yes	No
Does your child calmly manage conflict?	Yes	No
Does your child have frequent tantrums?	Yes	No
Is your child aggressive towards other children?	Yes	No
Does your child follow with adult directions?	Yes	No
Is your child able to control his/her anger?	Yes	No
Is your child able to calm himself/herself down when upset?	Yes	No

What activities does your family do together? _____

Describe your child's interactions with other children in play, toy sharing, and resolving conflicts. _____

Do you have concerns or questions regarding your child's behavior? Describe: _____

What are your strengths as a parent? _____

What are the most difficult parts for you as a parent? _____

Would you like information related to parenting skills? _____

Relatives or other people who are a support to us: _____

Professionals/programs who have been helpful to us: _____

What major changes have occurred in your family or child's life over the last year? _____

Immediate Family History of any of the following (include anyone living in the home)

Please check those that apply:

alcoholism drug dependence mental illness learning problems abuse
 homelessness incarceration significant illness Parent currently deployed to a war zone

Explain _____

Signature of Person Completing Form

Date

After your intake has been reviewed your child will be placed on the waitlist. Due to the nature of our waitlist we are unable to tell you where your child is on the list. If placement becomes available we will contact you. You can reach us at 328-3111

preschool development inventory

Harold Ireton, Ph.D.

Child's Name _____ Sex Male Female
Last First Initial

Birthdate Today's Date Age
Month Day Year Month Day Year Years Months

Your Name _____ Relationship to Child _____

Your Address _____ Telephone _____

1. The following statements describe the things that children do as part of growing up. If the statement describes your child's **present** behavior, answer YES. If the statement does not describe your child's **present** behavior, answer NO. Answer YES or NO by what you have seen your child do, not what you think he/she may be able to do. Answer YES by filling in the circle marked Y; answer NO by filling in the circle marked N.

- | | |
|---|---|
| 1 <input type="radio"/> Y <input type="radio"/> N Washes and dries hands. | 23 <input type="radio"/> Y <input type="radio"/> N Toilet trained for bowel movements. |
| 2 <input type="radio"/> Y <input type="radio"/> N Unbuttons one or more buttons. | 24 <input type="radio"/> Y <input type="radio"/> N Cuts with scissors, following a simple outline or pattern. |
| 3 <input type="radio"/> Y <input type="radio"/> N Rides tricycle using pedals. | 25 <input type="radio"/> Y <input type="radio"/> N Asks the meaning of words. |
| 4 <input type="radio"/> Y <input type="radio"/> N Refers to other children as boys or girls correctly. | 26 <input type="radio"/> Y <input type="radio"/> N Draws a picture of a man or woman that has at least 6 parts — for example, head, body, arms, legs, eyes, nose, mouth, hands, feet, hair or ears. |
| 5 <input type="radio"/> Y <input type="radio"/> N Counts three or more objects. | 27 <input type="radio"/> Y <input type="radio"/> N Tells whether a sound is loud or soft. |
| 6 <input type="radio"/> Y <input type="radio"/> N Refers to self as boy or girl correctly. | 28 <input type="radio"/> Y <input type="radio"/> N Knows how many fingers there are on each hand. |
| 7 <input type="radio"/> Y <input type="radio"/> N Buttons one or more buttons. | 29 <input type="radio"/> Y <input type="radio"/> N Recognizes and names at least five capital letters of the alphabet. |
| 8 <input type="radio"/> Y <input type="radio"/> N Dresses and undresses without help. | 30 <input type="radio"/> Y <input type="radio"/> N Asks questions beginning with "when." |
| 9 <input type="radio"/> Y <input type="radio"/> N Colors within the lines in a coloring book. | 31 <input type="radio"/> Y <input type="radio"/> N Tells about things that happened two or three days before. |
| 10 <input type="radio"/> Y <input type="radio"/> N Gets excited about approaching birthday or holiday involving presents. | 32 <input type="radio"/> Y <input type="radio"/> N Knows right hand from left hand. |
| 11 <input type="radio"/> Y <input type="radio"/> N Asks questions beginning with "why." | 33 <input type="radio"/> Y <input type="radio"/> N Offers to help others. |
| 12 <input type="radio"/> Y <input type="radio"/> N Uses short sentences to express simple ideas. | 34 <input type="radio"/> Y <input type="radio"/> N Identifies at least one color correctly. |
| 13 <input type="radio"/> Y <input type="radio"/> N Puts shoes on the correct feet. | 35 <input type="radio"/> Y <input type="radio"/> N Cuts across paper with scissors from one side to the other. |
| 14 <input type="radio"/> Y <input type="radio"/> N Prints first name. | 36 <input type="radio"/> Y <input type="radio"/> N Asks questions beginning with "who." |
| 15 <input type="radio"/> Y <input type="radio"/> N Draws recognizable pictures. | 37 <input type="radio"/> Y <input type="radio"/> N Uses at least one pronoun, such as "me," "I," "he," "she," "you," "it." |
| 16 <input type="radio"/> Y <input type="radio"/> N Says when something is heavy. | 38 <input type="radio"/> Y <input type="radio"/> N Puts two sentences together with the words "and," "or," or "but." |
| 17 <input type="radio"/> Y <input type="radio"/> N Draws pictures which include more than one object, such as a house and a tree, a man and a dog, etc. | 39 <input type="radio"/> Y <input type="radio"/> N Swings, pumping by self. |
| 18 <input type="radio"/> Y <input type="radio"/> N Draws or copies circles. | 40 <input type="radio"/> Y <input type="radio"/> N Draws or copies a square. |
| 19 <input type="radio"/> Y <input type="radio"/> N Operates a candy or gum machine. | 41 <input type="radio"/> Y <input type="radio"/> N Uses the words "fast" and "slow" correctly. |
| 20 <input type="radio"/> Y <input type="radio"/> N Says his (her) own first name when asked "What's your name?" | 42 <input type="radio"/> Y <input type="radio"/> N Asks questions beginning with "how." |
| 21 <input type="radio"/> Y <input type="radio"/> N Asks questions beginning with "what." | 43 <input type="radio"/> Y <input type="radio"/> N Competes in games with other children, such as tag, hide-and-peek, hopscotch, etc. |
| 22 <input type="radio"/> Y <input type="radio"/> N Buttons a shirt, blouse, or coat, having all the buttons in the correct holes. | |

- 44 Y N Knows the meaning of "same" and "different."
- 45 Y N Knows what "half" means.
- 46 Y N Identifies red, green, yellow, blue by name correctly.
- 47 Y N Points to or names the bigger of two objects when asked to do so.
- 48 Y N Recalls past events, says things such as "Remember when we went"
- 49 Y N Goes to the toilet without help.
- 50 Y N Gives directions to other children.
- 51 Y N Tattles or tells on other children.
- 52 Y N Uses the word "you" in sentences.



- 53 Y N Says "I can't," "I don't know how," or "You do it."
- 54 Y N Tells when one object is longer or shorter than another object.
- 55 Y N Draws a picture of a man or woman that has at least three parts, such as head, body, arms, legs, eyes, nose, mouth.
- 56 Y N Sings simple songs.
- 57 Y N Toilet trained for bladder control.
- 58 Y N Asks questions beginning with "where."
- 59 Y N Tells what action is going on in pictures — for example, "Kitty is eating."
- 60 Y N Expresses likes and dislikes in words.

2. The following statements describe possible problems that your child may have. Answer YES by filling in the circle marked Y. Answer NO by filling in the circle marked N.

- 61 Y N Seems to have trouble seeing.
- 62 Y N Seems to have trouble hearing.
- 63 Y N Talks only in short phrases (less than 4 words long).
- 64 Y N Stutters or stammers.
- 65 Y N Has trouble expressing ideas — frequently gets things "mixed-up."
- 66 Y N Speech is difficult to understand.
- 67 Y N Slow to "catch-on"; does not seem to understand well.
- 68 Y N Complains of being tired, appears sluggish, and lacking in energy.
- 69 Y N Sleeps poorly — restless, or bad dreams.
- 70 Y N Eating problems — eats poorly or eats too much.
- 71 Y N Toileting problems — frequently wets or soils self.
- 72 Y N Complains often of aches and pains; stomachs, headaches, etc.

- 73 Y N Clumsy, awkward; runs poorly, stumbles or falls, etc.
- 74 Y N Clumsy in doing things with his/her hands.
- 75 Y N Immature; acts much younger than age.
- 76 Y N Dependent and clingy; cries when separated from mother.
- 77 Y N Passive; seldom shows initiative.
- 78 Y N Disobedient; does not mind well.
- 79 Y N Frequently angry; aggressive.
- 80 Y N Very active; may be hyperactive.
- 81 Y N Often seems unhappy.
- 82 Y N Fearful; worries a lot.
- 83 Y N Seldom plays with other children.
- 84 Y N Feels inferior; says "I'm dumb," etc.

3. Now describe your child briefly?

6. How are you doing, as a parent or otherwise, at this time?

4. If your child has any special problems or disabilities, what are they?

You are done. Thank you.

5. Please tell us any questions or concerns you have about your child:

1 DEVELOPMENT	1	2	3
2 PROBLEMS	1	2	3
3 CHILD	1	2	3
4 MAJOR PROBLEMS	1	2	3
5 QUESTIONS	1	2	3
6 PARENT	1	2	3