



**PRESCHOOL
P R O M I S E**

Dear Applicant,

We are excited that you are interested in applying for the **Preschool Promise Program 2024-2025** school year.

Please follow all steps below to submit a completed Preschool Promise application package:

1. Check the applicable criteria:

- The child must have been 3 or 4 years old on or before September 1, 2024
- The applicant parent- legal guardian must reside/live in Oregon
- Family income at or below 200% of the Federal Poverty Level (Example family of four earns less than \$55,500)

2. If you choose to mail or drop off the application:

- Fill out both the application and the additional information section.

4. Attach a copy of the following documents as proof of age, income, and that you reside/live in Oregon.

For age verification attach a copy of one of these items:

- Child's Birth Certificate Health Insurance Documentation
- Health Record Foster care placement letter
- Immunization Record Preschool Promise Date of Birth Supplemental Form

To prove you live/reside in Oregon attach a copy of one of these items:

- Driver's License Lease or rental agreement Paystub, 1040 tax form, or W-2
- ID Card Benefits letter dated within the last 12 months
- Utility Bill Preschool Promise Address Supplemental Form

For Income verification chose one and attach:

- Signed 2022 income tax form 1040 OR 1040A 3 most recent concurrent pay stubs
- 2022 Form W-2 Preschool Promise Family Income Statement Supplemental Form

Send OR Drop of your completed application to:

Send the application package via mail to

Dayville School
Attn: Registrar, Preschool Promise
P.O. Box C
Dayville, OR. 97825

OR

Drop sealed envelope Dayville School Office

**Attn: Registrar, Preschool Promise
285 School House Dr.
Dayville, OR. 97825**

If you have any questions please contact us via email at:
dayoffice@grantesd.k12.or.us
or call us at (855) 617-2412



Child's Name _____ Child's Date of Birth _____ Child's Gender Male Female X _____

What language(s) do you speak at home? English Spanish Russian Vietnamese Chinese

What is your household size? _____

Do you consider your family to be homeless (see page 4)? Yes No

Does your family have an Individual Family Service Plan (IFSP) to support your child's development? Yes No

Does your child have any other health, nutrition, behavioral or mental health concern that requires specialized supports? Yes No

If yes, list any health partners, ECSE specialist, or other providers you would like us to know about:

Legal Parent/Guardian 1 Information

First Name: _____ Middle Name: _____ Last Name: _____

Relationship to child: Parent Legal Guardian Foster Parent Other: _____

Primary Phone: _____ Secondary Phone: _____ Email: _____

Mailing Address: _____ City: _____ Zip Code: _____

Physical Address (if different): _____ City: _____ Zip Code: _____

How do you prefer to be contacted? Primary Phone Secondary Phone Email Other: _____

Legal Parent/Guardian 1 Employment Status:

Check all that apply: Employed PT/FT Student Unemployed Business Owner Other: _____

Legal Parent/Guardian 2 Information

First Name: _____ Middle Name: _____ Last Name: _____

Relationship to child: Parent Legal Guardian Foster Parent Other: _____

Primary Phone: _____ Secondary Phone: _____ Email: _____

Mailing Address: _____ City: _____ Zip Code: _____

Physical Address (if different): _____ City: _____ Zip Code: _____

How do you prefer to be contacted? Primary Phone Secondary Phone Email Other: _____

Legal Parent/Guardian 2 Employment Status:

Check all that apply: Employed PT/FT Student Unemployed Business Owner Other: _____



Additional Information Section

Child Information

Name _____

Is the child currently a foster child? Yes No

Does your child have any allergies that require specialized supports (Epipen, allergy med, emergency contact info?)

Food or Drug Allergies _____

Epipen

Family and Income Information

Counting household members: Parent(s) in the household and those in the household that are related to the parent(s) by blood, marriage or adoption AND is/are supported by the parent(s) income. Example: Parent 1 married to Parent 2 with a 1-year old and a 4-year old = 4

Household Size: Number of Adults (if child is a foster child, enter 0 here) _____

Household Size: Number of Children (if child is a foster child, enter 1 here) _____

Family Income _____

Total yearly family (gross) income - if the child is a foster child, enter 0 here

DOCUMENTATION PRESENTED FOR INCOME VERIFICATION (check all that apply)

_____ Child Support Statements

_____ Paystubs (3 months)

_____ Income Tax Form 1040 or 1040A

_____ Social Security Letter/Statement

_____ Income Tax Form 1040 or 1040A

_____ TANF/WIC/SNAP letter of Benefit

_____ Unemployment Statements

_____ Adult OHP letter of benefits

_____ W2

_____ Foster Child Documentation

_____ Printout or placement letter from Department of Human Services

_____ I do not currently have this type of documentation available, please have someone contact me



Does your family receive or qualify for any of the following services or forms of financial assistance?

- Department of Human Services Employment Related Daycare (ERDC)
- Free or Reduced Lunch Program
- Supplemental Nutrition Assistance Program (SNAP)
- Head Start Program (if applied but not accepted)
- Social Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- Women, Infants, and Children Program (WIC)
- Medicaid/Oregon Health Plan (OHP)
- None of the Above

Child's Age Verification Document Presented

- Birth Certificate
- Medical Record
- Other
- I do not currently have this type of documentation available, please have someone contact me

Proof of Residence Document Presented

- Drivers License
- Identification Card
- Utility Bill
- Other
- I do not currently have this type of documentation available, please have someone contact me

School Staff Certification and signature:

INTAKE STAFF - I have examined documents and information presented by the parent(s)/ guardian(s) and to the best of my knowledge the documentation is valid.

Staff Print Name

Staff Signature

Date

DAYVILLE SCHOOL DISTRICT 16J

P.O. Box C Dayville, OR. 97825

STUDENT NAME _____ DATE _____

CURRENT AGE _____ DATE OF BIRTH _____

HEALTH INFORMATION

Does your child have any health problems of which we should be aware, such as:

- | | | | |
|-------------|--------------|------------------------|-----------------|
| BEESTINGS | FOOD ALLERGY | SKIN DISORDER | DIABETES |
| ASTHMA | EYE PROBLEMS | ORTHOPEDIC PROBLEM | HEART CONDITION |
| HAYFEVER | EAR PROBLEM | CONVULSIONS (EPILEPSY) | URINARY ISSUES |
| OTHER _____ | | | |

HAS YOUR CHILD BEEN PRESCRIBED AN INHALER OR EPI-PEN? YES NO _____
(Will they 'carry it with them' -or- 'check in it at the office')

DOES YOUR CHILD TAKE MEDICATION REGULARLY YES NO _____

Health History Any activities that child cannot participate in or needs one-on-one assistance? Yes No

If yes, please explain:

Any additional information about the child's behavior and physical or emotional health the staff should be aware of?

Special Information - AFO's, walkers, wheelchairs, assistance with toileting, behavior issues, Diets, habits, etc.

Parent Signature _____ Date _____