



Suffield Cooperative Preschool

You are your child's first and most influential teacher!

January 12, 2024

Dear Families,

Thank you for your interest in Suffield Cooperative Preschool! The following information is regarding registration for the 2024-2025 preschool programs.

Please note that our age requirements have changed, based on recent [changes to Connecticut State Laws](#) which impacts the age at which children can enroll in Kindergarten. **Children must be 3 years old to enroll in the "3 year old program" and 4 years old to enroll in the "4 year old program" by September 1, 2024.** There is a financial need-based scholarship available to current and new families based on a sliding scale of household size and income. Scholarships are not guaranteed to all who apply. Recipients are selected by a Scholarship Committee. Please see attached application for more information.

Admission of students is determined by priority status and availability of space on a **first come, first served basis** regardless of race, color, creed, sex, sexual orientation, disability, national origin, ancestry, military status, or religion. Priority status is given to current members and alumni families (applicants who have siblings who attended in previous years). Any priority status families applying after open enrollment starts will be processed as new applicants. We will continue accepting applications in person or through email/mail until all available slots are filled. Slots will be filled in the order they are received. After all slots are filled, subsequent applications will be placed on a wait list. **You will receive an email to confirm that your application has been received and to let you know if your application has been wait listed.** The email will be coming from our Membership Chair (membership@suffieldcooperativepreschool.com). Please check your SPAM folder if you do not receive a response to your application within 1-2 days and contact our Membership Chair with any questions.

Our preschool is a Co-op, which means it's not just a typical preschool. As a member of the Suffield Cooperative Preschool you are asked to either hold a position on the board or become actively involved with a committee. There are also some other volunteer requirements (e.g., cleaning night) outlined in the attached parent involvement contract. It's important to know that our preschool is run by the Director and parent volunteers! **Parent involvement is crucial to the success of our preschool.** If you have any interest in and/or would like more information about joining the board, please contact our Chairperson via email at chairperson@suffieldcooperativepreschool.com

Thank You and Welcome,

From the 2023-2024 Suffield Cooperative Preschool Board

Core Program Days/Hours

	Monday	Tuesday	Wednesday	Thursday	Friday
3 year old* core program	<i>see additional days below</i>	8:45 am - 12 pm	<i>see additional days below</i>	8:45 am - 12 pm	<i>see additional days below</i>
4 year old** core program	8:45 am - 12 pm	<i>see additional days below</i>	8:45 am - 12 pm	<i>see additional days below</i>	8:45 am - 12 pm
Lunch Bunch***	12pm - 1pm		12pm - 1pm		12pm - 1pm

* Children can enroll in the 3-year-old program if they are 3 years old by September 1, 2024.

** Children can enroll in the 4-year-old program if they are 4 years old by September 1, 2024.

*** The Lunch Bunch program is limited to students in the 4 year old program and has limited space. This program allows students the opportunity to extend their school day, work on social skills in a smaller group setting, and practice independence during lunch. Families provide lunch for their child.

Additional Days

Additional days beyond our core program, outlined above, are on a first come, first served basis after the core program enrollment period is completed. **Spaces are extremely limited for these programs.** Families are encouraged to indicate interest on their initial application and will be notified after August 1, 2024 whether we can accommodate their request. Waitlists for these programs are likely.

- **3-day program for 3-year-olds**
 - Monday, Wednesday, OR Friday, 8:45 am - 12:00 pm
 - If space is available the Membership Chair will contact interested families to coordinate schedules.
- **5-day program for 4-year-olds**
 - Monday through Friday, 8:45 am - 12:00 pm
 - Students considered for this program must be planning to attend Kindergarten the following fall.

Current Members and Alumni Families Priority Registration

The priority registration period is from February 28 - March 13, 2024 at 6:30pm. After March 13th all registrations will be processed as "new member."

New Member Registration

We will be hosting an Open House for new members for the 2024-2025 school year on March 13, 2024 from 6-7:30 pm. Registration packets will be available at Open House for you to complete and submit. Registration is on a first come, first served basis. You may print and complete a registration form prior to attending Open House and bring the completed application with you, if you wish. Both the packet and your deposit are required in order to be accepted. . We timestamp complete registrations in the order they are received. **We will start accepting new member digital registrations via email** (see membership email address and instructions below) **at 6:30 pm on March 13, 2024.** Registration packets are available to download on our website (www.suffieldcooperativepreschool.com). Any digital registrations received via email before 6:30 pm on March 13th will need to be resubmitted at or after 6:30 pm on March 13th and will be time stamped at time of resubmission.

If you have any additional questions or would like to schedule a phone conversation with a current parent/board member or teacher, please contact us at membership@suffieldcooperativepreschool.com to set up an appointment.

Registration Instructions

Complete applications with registration fees (\$50) will need to be submitted in order for a family to be considered registered.

Step 1: Submit your registration form (and complete scholarship application if applicable)

- Give a paper copy of your registration form to our Membership Chair (or leave in Membership mailbox on top of cubbies)
 - a. Current or Alumni members: starting February 28th
 - b. New Members: at Open House on March 13th (6-7:30pm). Forms will be accepted starting at 6:30pm

OR

- Email completed application to membership@suffieldcooperativepreschool.com
 - a. Current or Alumni members: starting February 28th
 - b. New Members: starting March 13th at 6:30pm

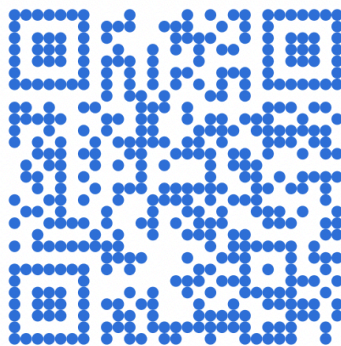
OR

- Mail a completed application (with a check for \$50 registration fee) to:
Suffield Cooperative Preschool
Attn: Membership
81 High Street
Suffield, CT 06078

Step 2: Pay the \$50 Registration Fee to complete your registration

- Hand cash or check to Membership Chair at Open House.
- OR**
- Send \$50 registration fee to the preschool's Venmo ([@suffieldcooperativepreschool](https://venmo.com/@suffieldcooperativepreschool)) at https://venmo.com/code?user_id=3651214394786870366 or scan the QR code below (please put your child's full name as a note when you submit your online payment).
- OR**
- Mail a check with your mail-in application to the address listed above.

VENMO QR CODE*:



***PLEASE NOTE:** regular tuition payments during the school year should NOT be paid via venmo. More information will be provided at Parent Orientation.



Suffield Cooperative Preschool

Student Registration Contract

2024 - 2025

Please print LEGIBLY

New Student Contract Re-Enrollment Contract Alumni Student Contract **Student Start Date:** _____

Student Information

Student Name: _____ Sex: Male Female
(Last) (First) (Middle)

Student's Primary Address: _____ City: _____ State: _____ Zip Code: _____

Birth Date: _____

*Preschool reserves the right to request proof of age.

Parent /Guardian Information

Parent/Guardian 1: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____

Occupation: _____

Employer: _____ Work #: _____

Employer Address: _____

Email: _____

Check here if same address as other parent/guardian

Parent/Guardian 2: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____

Occupation: _____

Employer: _____ Work #: _____

Employer Address: _____

Email: _____

Marital Status Married Single Divorced Widowed Billing Address: Parent 1 Parent 2 Both

Medical Information

Pediatrician: _____ Phone: _____

Does your child have any allergies (food, medication, bug bites)? _____ If Yes, specify: _____

Does your child take daily medications? _____ If Yes, specify: _____

Parent/Guardian Signature: _____ **Date:** _____

- Information on this form is required by State of Connecticut Regulations. Make sure you have filled out every blank on this page. If something does not apply to you, write N/A.
- Admission of students is determined by priority status and availability of space on a first come, first served basis regardless of race, color, creed, sex, sexual orientation, disability, national origin, ancestry, military status, or religion. Priority status is given to alumni families (applicants who have siblings who attended in previous years).

2024 - 2025 Program Options and Tuition

Applicant is:

- Current Member
 Alumni Applicant (sibling previously attended) Indicate Year(s): _____
 New Applicant

Tuition Rate Calculation Chart: (number of days based on a typical school year, may vary slightly. Tuition remains as below.)

Please Mark Your Program Selection <i>(mark 2 if adding Lunch Bunch)</i>	Program	Days/Hours	# of School days	Annual Tuition
<input type="checkbox"/>	Core program: 3 year old: 2 day	Tuesday & Thursday 8:45 am - 12:00 pm	68	\$2,244 <i>(8 monthly payments of \$280.50)</i>
<input type="checkbox"/> *	Core + additional day: 3 year old: 3 day* <i>subject to availability</i>	Tuesday & Thursday & third day (M, W, OR F) 8:45 am - 12:00 pm	98	\$3,234 <i>(8 monthly payments of \$404.25)</i>
<input type="checkbox"/>	Core Program: 4 year old: 3 day	Monday & Wednesday & Friday 8:45 am - 12:00 pm	98	\$3,234 <i>(8 monthly payments of \$404.25)</i>
<input type="checkbox"/> *	Core + additional days: 4 year old: 5 day* <i>subject to availability</i>	Monday - Friday 8:45 am - 12:00 pm	166	\$5,478 <i>(8 monthly payments of \$684.75)</i>
<input type="checkbox"/>	Extended day: Lunch Bunch <i>for 4 year olds only</i>	Monday & Wednesday & Friday 12:00 pm - 1:00 pm	98	\$980 <i>(8 additional monthly payments of \$122.50)</i>

*Additional days cannot be guaranteed as space in these programs is extremely limited. **Families indicating interest in a core program + additional day(s) will be enrolled in just the core program on a first come, first served basis.** Families will be notified after August 1, 2024 whether additional days can be accommodated. If applicable, for the 3 year old, 3 day program, the Membership Chair will reach out to families to coordinate schedules for the third day (which could be a Monday, Wednesday, OR Friday). We try our best to accommodate preferences, but cannot guarantee a specific day.

PLEASE NOTE

Additional Fees: A nonrefundable \$50 registration fee is due at the time of this application. A nonrefundable \$250 enrollment fee is due **by July 14, 2024** in order to hold your child's spot until school starts in the fall.

Discounts:

- A waiver for the \$250 enrollment fee applies to any family with a parent serving on the board
- We offer a classroom-helping discount of \$200 for each family that commits to helping in the classroom a minimum of 7 times throughout the school year. *See attached Classroom Helping Contract.*
- We offer a 10% discount for multiple children (discount applied to the lowest tuition fee)
- Financial need-based scholarships are available to families. *Please see attached application.*

Admission Agreement 2024-2025

In this contract between Suffield Cooperative Preschool (hereinafter referred to as “SCP” or “school”) and the parent/guardian of the student(s) listed herein, we hereby enroll these students under the following terms and conditions:

Tuition

1. **Payment Schedule:** I agree to pay tuition according to the schedule I select in writing (yearly, tri-annually or monthly) and conclude all required payments as described on the tuition schedule. I understand all payments are due by the first of the month.

2. **Timely Payments:** I agree that I am responsible for timely payment of all tuition payments, assessed fines, and fees regardless of any reason that may cause my child to be withdrawn, or dismissed, from SCP. Should my child be absent due to illness, vacation, school holiday, or school closing, I agree to pay the tuition during these days off. Snow days are not made up. Illness of a severe or chronic nature will be subject to exceptions at the discretion of the board.

3. **Cancellation and Refund:** I may cancel my child’s enrollment in the preschool at any time. There will be no prorating of tuition if my child withdraws before the end of the month. If I give at least one month’s notice, tuition refunds will be made for any amount prepaid beyond the child’s last day. I understand that the \$250 enrollment deposit and the \$50 registration fee are both non-transferable and non-refundable.

4. **Late Payment:** I understand that timely payments are crucial to maintaining the operating budget of our school. Payments are considered late if not paid by the date on the invoice. A \$20 late fee will be charged on all late payments and/or returned checks for every 7 days that an invoice goes unpaid. If I fail to make tuition/fee payments within 30 days of the due date, my child may be dismissed from the school at the discretion of the board.*

*Please communicate with the Director or Chairperson *as soon as possible* (ideally before your invoice is due) if you are experiencing financial hardship.

5. **Outstanding Balances:** I agree that all outstanding balances from previous years must be paid, in full, before I can register a currently enrolled child or new child into the program.

6. **Financial Assistance:** SCP does not wish to exclude any child from the program due to financial need. Need-based scholarships are available. Please see attached scholarship application. Specialized payment plans may be available. Inquiries should be directed to the Director or Chairperson. All financial information is held in strictest confidence.

7. **Discounts:**

- The \$250 enrollment deposit is waived for any member serving on the board
- There is a 10% multiple child discount available, higher price prevailing.
- There is a \$200 tuition discount for families who designate one adult to get background checked (at SCP’s expense) and subsequently complete a minimum of 7 days of classroom helping throughout the school year. A separate classroom helping contract must be completed in order to receive this discount. Please see attached.

Behavior

SCP reserves the right to dismiss a child whose behavior interferes with the learning process in the classroom.

Handbook

Upon receipt of the 2024-2025 Handbook, I agree to read the entirety of the Handbook. (You will be asked to sign receipt and acknowledgment of all policies contained within the Handbook at Parent Orientation).

Health Forms

- 1. I agree to complete and present required health forms for my child as required by the State of Connecticut. Forms are due by **July 14th**. My child will not be able to start preschool without these forms being submitted.
- 2. All health forms and immunization records must be maintained for students as required by the State of Connecticut. I agree to provide all necessary information required by the State of Connecticut.
- 3. **The State of Connecticut requires all preschoolers to obtain a current influenza vaccination prior to December 31st of each calendar year. Proof of vaccination or medical exemption must be maintained in each student’s file.**

Permissions

- 1. **Field Trips:** My child has permission to attend all preschool sponsored trips, functions, and walks. Our walking field trips may include, but are not limited to: Kent Memorial Library, grounds of Suffield Academy, Suffield Village Market, Fire Station and Markowski Dental Office.
- 2. **Hospital:** In the event of an emergency, if I cannot be reached, and a doctor’s or hospital’s attention is required for my child, Suffield Cooperative Preschool has my permission to take necessary measures. I agree to be responsible for the payment of any professional medical care my child receives as a result.

HOSPITAL OF CHOICE: _____
(Please be sure your doctor is affiliated with the hospital requested.)

- 3. **CPR/First Aid:** I give SCP CPR and First Aid-certified staff permission to perform basic first aid and/or CPR on my child in the event of an emergency.

_____ **Initials: By initialing here I acknowledge my acceptance of all the above (1-3) mentioned Permissions.**

Emergency Contact Information

The State of Connecticut requires that SCP keep an Emergency Release Permission Slip on file for each child. I authorize the preschool to release my child to the named person(s) in case of any emergency that may arise and if I/we are unable to be contacted due to sickness, school closing, etc.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

By signing below I acknowledge that I have read the Admissions Agreement in its entirety and agree to adhere to the contents as outlined in the agreement.

Parent Signature: _____ **Date:** _____



Suffield Cooperative Preschool

Parent Involvement Contract 2024 - 2025

The cooperative nature of the preschool relies on the involvement of parents in their children’s learning experience. Parents are the most influential teachers in their children’s lives and SCP welcomes and highly encourages parents to get involved. In addition to experiencing your child’s learning and socialization, your participation encourages a more personal relationship with teachers, parents, and other children. **All families are required to either serve on the board or actively participate in one of the school’s committees. Additional involvement requirements are outlined in this contract.** If you have any additional questions please contact chairperson@suffieldcooperativepreschool.com

<u>Family Information:</u> Parents’ Full Names: _____ Student Name(s): _____ <table border="0" style="width:100%;"><tr><td style="width:33%; text-align:center;">(Last)</td><td style="width:33%; text-align:center;">(First)</td><td style="width:33%; text-align:center;">(Middle)</td></tr></table>	(Last)	(First)	(Middle)
(Last)	(First)	(Middle)	

Board Positions (optional)

Seven board positions must be filled each year by parent volunteers. These positions require extra time commitments, which include year-round monthly board meetings. In addition to the descriptions below, board members oversee our committees. The \$250 enrollment fee will be waived for board members. Please check ANY positions you might be interested in for the 2024-2025 school year. Please note that there is *some* work required over the summer months, but we are sensitive to summer schedule constraints (e.g., vacations, work schedules, child care issues...etc.).

_____ **(1) CHAIRPERSON** The Chairperson is responsible for facilitating all board meetings. They answer all members’ requests and complaints and act as a liaison between the staff and the board and the preschool and the church. Additionally, they review and monitor the school staff, sign all papers on behalf of the preschool, and oversee relicensing. The Chairperson completes many administrative tasks on a regular basis throughout each year.

_____ **(1) VICE CHAIRPERSON** The Vice Chairperson serves as the parliamentarian of the board, keeping abreast of the Preschool Manual of Policies and Procedures, which includes the Bylaws. They are also in charge of the cleaning schedule and classroom helping schedules, including background checks for helpers. The Vice Chairperson is also responsible for coordinating with our insurance agent. They also assist the Chairperson with any administrative tasks as needed.

_____ **(1) TREASURER** The Treasurer is responsible for the school budget. They maintain all financial books, handle payroll, collect tuition, evaluate school insurance needs, and file all tax documents. Accounting and/or Quickbooks experience is preferred, but not required. The Treasurer typically Chairs the Fundraising Committee.

_____ **(1) SECRETARY** The Secretary is responsible for recording and posting all minutes of board meetings. They also write a monthly newsletter (with monthly calendar) and distribute it to the members.

_____ **(1) MEMBERSHIP CHAIRPERSON** The Membership Chairperson is responsible for all inquiries and applications for membership. Additionally, they schedule tours, organize registrations, and manage health forms.

_____ **(2) CLASS REPRESENTATIVE** - The Class Representatives are responsible for representing the General Membership at all board meetings. One representative also handles publicity for the school and updates the school’s website/social media, while the other representative is in charge of photography and the Yearbook.

Committees (required - please rank 3)

Please rank THREE committees that interest you, with 1 being the most interesting.

_____ **FUNDRAISING*** Organize and implement fundraising projects; i.e. Suffield on the Green, Butter Braid Pastry, etc .

_____ **EVENT PLANNING** Coordinate activities for preschool socials including Halloween party, holiday social and family picnic.

_____ **SCHOLARSHIP COMMITTEE** Secure funding (e..g, grant writing, fundraising) for next year’s scholarships, advertise, and/or participate in recipient selection.

_____ **YEARBOOK** Gather pictures and compile an annual yearbook for all members.

_____ **SUPPLIES COMMITTEE*** Take supply inventory, create some supplies (e.g., play dough), help keep storage closet organized.

_____ **CHEER COMMITTEE** Plan optional family meet-ups outside of school, plan/host parent socials, organize supplies for families in need (e.g., meal train, care package, etc.), and plan other wellness-related events.

+ _____ **COMMITTEE LEAD** Anyone interested in leading a committee, but not serving as a full board member, is welcome to check this box, indicating they are open to being the lead to one of the committees indicated above. The Committee Lead is responsible for holding committee members accountable for active participation to fulfill committee requirements. The Lead is also responsible for communicating with the Board Chair regarding committee progress/updates throughout the year.

Board/Committee Assignments

In the event that multiple members are interested in the same position, a vote will be held at the April board meeting. Committee assignments are shared with families at the Parent Orientation Night before the start of school.

Parent Responsibility for Providing Snack

1. Parents are responsible for packing snacks for their children. We ask that snacks be labeled with your child’s name or put in a bag with their name. Please pack a refillable, labeled water bottle. In the event your child forgets their snack, the preschool does have back-up snacks. ***If we have a nut allergy in a class, then snacks must be peanut/nut free. Parents will be notified in writing before the start of the school year whether snacks need to be peanut/nut free.***

2. Parents are invited to bring a store-bought birthday treat on their child’s birthday to share with the class. ***If we have a peanut/nut allergy in a class, birthday treats must be from a nut-free facility and have a clear ingredients label. Parents will be notified in writing before the start of the school year whether birthday treats need to be peanut/nut free.***

Parent Responsibility for Toilet Training:

All students must be toilet trained by the start of the school year and come to school wearing cloth underwear. Our preschool is not licensed for diapering. We understand that young children will have accidents from time to time. Parents are responsible for sending in a clean change of clothes to be kept in their child’s cubby.

Commitments

1. I agree to serve on a committee and/or the board, and to actively participate in my assigned position.

2. I agree to participate in one assigned evening clean-up night during the school year. I understand that if I do not come in to help clean on my assigned night and do not arrange for a replacement, I will be fined \$50.00.

3. I agree to participate in one (1-2 hour) shift at Suffield on the Green on September 7-8, 2024. If I cannot/do not participate in Suffield on the Green and do not make arrangements to volunteer at another fundraising event instead, I will be fined \$50.00.

4. I agree to toilet train my child prior to the start of the 2024-2025 school year and to send them to school in cloth underwear.

By signing below I acknowledge that I have read the Parent Involvement Contract in its entirety and agree to adhere to the contents within.

Parent Signature: _____ Date: _____

Optional Family Talent/Skills Information:

Our preschool is a nonprofit organization that relies heavily on family volunteering in order to help the school run smoothly and make needed improvements. Please list any knowledge, interests, skills, or talents you (or a family member) have that you are willing to contribute to improve our preschool (*Examples: knitting, woodworking, grant writing, painting, accounting, baking, crafting, computers, etc.*).



Suffield Cooperative Preschool

Health Form Instructions 2024 - 2025

The State of Connecticut requires that all children entering preschool must have the following immunizations before being admitted: HIB, DTP, MMR, Hep B, Hepatitis A, Polio, Pneumococcal Conjugate Vaccine, and Varicella, if your child is between ages 3 and 5. **In order to fulfill all State requirements be sure your child has been immunized by July 14, 2024.** If your child has a scheduled appointment after this date, please let us know.

Please Note: Per State of CT regulations all preschool children must receive the Influenza vaccine between September 1 and December 31st each year and provide a written note from your doctor or updated vaccination record for the school's file. **If this is not received by December 31st, the student cannot return to school until proof of vaccination or medical exemption is provided.**

[Click here to download the State of CT Early Childhood Health Assessment Record Form.](#) You can also request a copy at your CT pediatrician's office. These must be completed and returned to the preschool by July 14, 2024. (Note: If your child has an appointment over the summer, please submit the form ASAP.) **Your child CANNOT start preschool without his/her form.**

Please send all completed forms to:

Suffield Cooperative Preschool
81 High Street
Suffield, CT 06078

NEW MEMBERS

Child's Health Form must be completed for record of immunization and health. Immunizations must be up to date and a statement of health must be current within one year. Please note that a health form expires on the date of the child's physical (as opposed to the date on which the form is signed). **IF YOUR CHILD'S LAST CHECKUP FALLS WITHIN THE PREVIOUS YEAR, HE/SHE MAY BEGIN SCHOOL ON THE BASIS OF THAT CHECKUP.** However, once that form expires, a new form must be submitted within 30 days of this date, or the child will not be able to attend preschool until the new form is submitted. Members must use the State's Health Form provided by the preschool.

CURRENT MEMBERS

A new, completed health form is due one year from the previous physical date. If a new form is not received within 30 days of this date, your child will not be allowed to attend class until a new form is submitted.



Suffield Cooperative Preschool

2024-2025 Classroom Helping Contract

(optional)

Classroom helping is offered as an **optional** choice for the 2024-2025 school year. Any families who choose to commit to regular classroom helping and complete the contract below will receive a \$200 tuition discount for the year. In order to qualify for the discount you must fulfill the following requirements:

1. Pass a background check prior to the start of school (including fingerprinting at the Suffield Police Station on any Wednesday between 11 am - 1pm, or by appointment), as required by the Office of Early Childhood (OEC), and be entered into their background check system.
 - a. *Suffield Cooperative Preschool will pay for one background check per family. This person will be the designated helper for the family. Families may choose to pay for additional family members to be entered into the OEC system at their own cost.*
 - b. *The school is pre-paying for fingerprinting. By completing this contract, you are committing to parent helping. If you do not fulfill the background check requirement, you may be charged \$10 (Suffield resident) or \$25 (non-resident) for the unused fingerprinting expense.*
2. Commit to volunteering **7 times total** throughout the school year from 8:45 am - 12:00 pm. Additional volunteer days are optional.
3. Agree to pay a \$30 fee per missed helping day (if you have not made a reasonable effort to reschedule and make it up).
 - a. *If a helper misses more than 2 classroom helping days and does not make an effort to schedule make-up days (or misses make-up days), you will be billed to pay back the remainder of the full \$200 discount.*
4. Agree to adhere to all applicable preschool policies and guidelines provided to parents in writing.

I, the parent/guardian, have read and agree to all the above requirements for parent helping. If I am unable to fulfill my commitment, I understand that I no longer qualify for the tuition discount.

Student Full Name: _____

Parent/Guardian Signature: _____ Date: _____

Please print name of designated classroom helper: _____

Suffield Cooperative Preschool



Scholarship Criteria

The Suffield Cooperative Preschool Scholarship is offering financial assistance in the form of full or partial tuition scholarships to qualified families. Applicants may request the application be translated into a language of their choosing.

Eligibility Criteria:

- Applicant must provide evidence that the total income of all parents/guardians who share custody of the child meets the following criteria:

Household size (# persons)	Receive 100% tuition scholarship if gross household income is at or below	Receive 75% tuition scholarship if gross household income is at or below	Receive 50% tuition scholarship if gross household income is at or below	Receive 25% tuition scholarship if gross household income is at or below
2	\$40,000	\$50,000	\$60,000	\$70,000
3	\$50,000	\$60,000	\$70,000	\$80,000
4	\$60,000	\$70,000	\$80,000	\$90,000
5	\$70,000	\$80,000	\$90,000	\$100,000
6	\$80,000	\$90,000	\$100,000	\$110,000
7	\$90,000	\$100,000	\$110,000	\$120,000
8+	\$100,000	\$110,000	\$120,000	\$130,000

- A copy of Page 1 of last year's Federal Income Tax form (or one copy for each parent if filing separately) must be provided to verify this income figure.
- If this income is not reflective of your current financial situation, a second priority of income verification can be submitted (examples: copies of prior month's unemployment benefits, Family Investment Program (FIP) Notice of Decision benefit, and/or most recent month's paystubs).
- Applicants must submit a short letter to the Scholarship Committee describing the impact a scholarship would have on their family. The letter may be submitted in any language and will be translated for the Committee members, if needed. If your family's financial situation is not accurately described by documentation submitted, please include an explanation in the letter.

- Applicants must reside in Suffield, CT. Proof of residency must be included with application:
 - Any of the following documents are acceptable: copy of current driver's license, copy of a utility bill (gas/electric/internet/phone), copy of a tax bill.
- Child must be at least 3 years and no older than 4 years by September 1 of the school year you wish to enroll.
- Scholarships are awarded for one preschool year. Previous scholarship recipients are eligible to reapply, but are not guaranteed to be selected again.
- Applications are accepted starting January 1 of the anticipated calendar year of enrollment. Complete applications are due no later than **June 1 of the anticipated year of enrollment** (application includes scholarship form, letter of impact, proof of residency, registration forms, and refundable \$50 registration fee).

Scholarship recipients will remain anonymous to the general membership of the preschool. All information on the application and in the impact letter will be held in strict confidence by the Board and Scholarship Committee.

All applicants must pay a refundable \$50 registration fee and submit all required registration documentation along with their scholarship application. If an applicant does not receive a scholarship, and therefore withdraws their registration, the \$50 fee will be refunded in full. If a scholarship recipient is selected to receive a scholarship, the \$50 fee becomes non-refundable.

Award recipients will be notified no later than July 14 of the anticipated year of enrollment. All scholarship awards are subject to funding availability and budget approval.

Suffield Cooperative Preschool does not discriminate against any applicant because of race, color, creed, sex, sexual orientation, disability, national origin, ancestry, military status, or religion.

Recipient Obligations:

- Scholarship recipients are required to pay a one-time \$50 registration fee to commit to the program for the year.
- Scholarship recipients are required to adhere to all the same expectations as all Co-Op members as described in the Handbook and documentation sent to families. Families are expected to pay any applicable fines for non-participation in mandatory events (e.g., clean-up night, fundraising, late pick-up...etc.) based on school policies and procedures.
- Scholarship recipients are expected to attend school, as scheduled per the school calendar, for the duration of the school year.
- Scholarship recipients are responsible for bringing their own snack comprised of at least two food groups and water (e.g., fruit and grain), with an ice pack, to preschool each day of attendance.

The Board reserves the right to revoke the scholarship for failing to fulfill recipient obligations outlined above. **In the event the scholarship is revoked:**

- the recipient's family will **not** be expected to repay tuition costs for school days that have already passed.
- at the Board's discretion, the student may continue to attend the SCP if the family pays the tuition for the remainder of the school year (payment schedule to be determined with the Treasurer).
- If the family fails to pay tuition after the scholarship has been revoked, or if the Board decides the family may no longer participate in the Co-Op, the student may no longer attend the preschool.

Suffield Cooperative Preschool



Scholarship Application Form

Please print clearly:

Child's First & Last Name: _____ Child's Date of Birth (MM/DD/YYYY): _____

Child's Home Address (Street, City, State, Zip): _____

Child's Sex: Male Female prefer not to respond Child's Age Group/Class: 3y 4y

Full Name of Adult Completing Application: _____ Phone: _____

Relationship to Child: Parent Legal Guardian Foster parent Email: _____

Adult's Home Address (if different from child): _____

Parents' marital status: Single Partnered Married Separated Divorced Widowed

Parent 1 Occupation(s): _____

Parent 1 Employer(s): _____

Second legal guardian Full Name (if applicable): _____ Phone: _____

Relationship to child: Parent Legal Guardian Foster parent Email: _____

Second adult's Home Address (if different from child): _____

Parents' marital status: Single Partnered Married Separated Divorced Widowed

Parent 2 Occupation(s): _____

Parent 2 Employer(s): _____

Financial Information

Previous year's adjusted gross income (combined for all legal guardians, line(s) 11 on IRS form 1040): \$ _____

What best describes your healthcare coverage:

Medicaid ACA /private pay Covered through employer No insurance

Has your child attended preschool or daycare in the past? Yes No

If yes, where? _____

Number of people in child's household: # Adults: _____ # Dependent Children: _____, Ages: _____

I have read and understand the eligibility criteria and recipient obligations for this scholarship. I understand that a scholarship can be revoked for providing misinformation or failure to meet recipient obligations. I hereby attest that all information provided within this application (including forms, documents, and impact letters submitted) is true and accurate.

Parent Signature

Date

Please print full parent name