



# Coronado Unified School District PreK Application

**Welcome and thank you** for your interest in CUSD's Early Education Schools, known as **Coronado Preschool**. Within this packet you will find information about our PreK offerings and our application. If you have any questions about the application or enrollment process, please contact the Preschool Enrollment Office at one of our two locations or by email at [lisa.alonso@coronadousd.net](mailto:lisa.alonso@coronadousd.net). Office hours are from 8:00AM-3:30PM Monday through Friday.

## **Crown Preschool**

199 Sixth St.  
Coronado, CA 92118  
Tel.619.522.8923 Ext. 6085

**OR**

## **Silver Strand Preschool**

1350 Leyte Rd  
Coronado, CA 92118  
Tel.619.522.8923 Ext. 4096

## **OPTIONS**

CUSD currently offers the following PreK options:

- Part-Day State Funded PreK (both locations)
- Part-Day Tuition Based PreK (Crown only)

PreK follows the CUSD TK-12 school calendar from Aug – June.

## **AGE REQUIREMENTS**

To be eligible for PreK, children must be at least **3-years-old** and no more than **4-years-old** on or before **the first day of school** for the year they wish to enroll. Additionally, all students must be fully potty trained.

## **REGISTRATION CRITERIA**

Below is the registration criteria which determines a family's eligibility for enrollment in either our tuition based or state-funded program.

- Part-Day State Funded PreK is based on family size and income along with IEP status.
- Part-Day Tuition Based PreK is available for those families who do not qualify for State Funding.

## **APPLY**

To apply for PreK, **all families** must present the following along with their PreK application.

*Incomplete applications will not be processed.*

1. **Current Immunizations** (child must have 3-Polio, 4-DTP, 1-HIB, 3-HepB, 1-Varicella and 1-MMR)
2. **Original or Certified Copy of Birth Certificate**
3. **Two (2) Current Utility Bills** as proof of residency including name and address
4. **A non-refundable application fee of \$100.00, payable to "Coronado Unified School District" must be submitted with the application for each child you wish to enroll** (cash, check or charge accepted). *Families applying for state-funding must present the additional documents with the application to waive the fee.*
  - a. Family's current proof of income for all employed parents/guardians, using one of the following:
    - i. Military LES statement
    - ii. Pay stub(s) equivalent to one(1) month's income
    - iii. Prior year's Tax Statement
    - iv. Self-Employed current profit/loss statement

PreK programs have limited space and preference is given to returning families through the month of February only. Starting in March, all applications are accepted on a first-come, first-serve basis and will be reviewed, verified and placed on an eligibility list (State-Funded) or waiting list (Tuition Based). You will be contacted mid-March of acceptance and a formal registration appointment will be scheduled for all families in May.

**Please Note: Although we will do our best to accommodate your child, completing an application does not guarantee enrollment.**

Revised 1.2021

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 Coronado, CA 92118  
 Tel.619.522.8923 Ext. 6085



Silver Strand Preschool  
 1350 Leyte Rd 30  
 Coronado, CA 92118  
 Tel.619.522.8923 Ext. 4096

## 2021-22 Student Application

STUDENT INFORMATION - PLEASE PRINT CLEARLY				
<b>Student's Name: Last</b>	<b>First</b>	<b>Middle</b>	<input type="checkbox"/> <b>No Middle Name</b>	
<b>Birth Date: (MM/DD/YYYY)</b>	<b>Current Age:</b>	<input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b>		
<b>Student's Primary Home Address:</b>	<b>Apt. #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Race:</b> (select all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Declined to State <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____				
<b>Is your student Hispanic or Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Student's Primary Language:</b> _____				
<b>Please check all that apply for your student:</b> <input type="checkbox"/> Child Protective Services <input type="checkbox"/> At Risk of Abuse <b>CPS / At Risk Letter Date:</b> _____ <input type="checkbox"/> Foster Child <input type="checkbox"/> Child has an Individualized Family Service Plan (IFSP) <input type="checkbox"/> Child has an Individualized Education Plan (IEP) <b>IEP Date:</b> _____				
<b>Does child have any siblings?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Sibling's name (first and last):</b> _____ <b>DOB:</b> _____				
<b>Sibling's name (first and last):</b> _____ <b>DOB:</b> _____				
<b>Sibling's name (first and last):</b> _____ <b>DOB:</b> _____				
<small>**For State-Funding, you will be required to provide birth certificates for all children under the age of 18 at the time of enrollment.</small>				
PARENT / GUARDIAN INFORMATION				
<b>Parent/Guardian A Name: Last</b>	<b>First</b>	<b>Middle</b>	<input type="checkbox"/> <b>No Middle Name</b>	
<b>Relationship to Child:</b> <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____				
<b>Single Parent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Teen Parent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Preferred Language for Future Communication:</b> _____				
<b>Home Address:</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<input type="checkbox"/> <b>Same as Student's Address</b>				
<b>Phone Number:</b>		<b>Alternate Phone Number:</b>		<b>Email Address:</b>
<b>Reason for Needing Child Care:</b> (select all that apply) <input type="checkbox"/> Working (Employer Zip Code: _____) <input type="checkbox"/> Seeking Employment <input type="checkbox"/> In School or Training Program <input type="checkbox"/> Homeless or Seeking Permanent Housing <input type="checkbox"/> Medically Incapacitated <input type="checkbox"/> None of These Apply				
<b>Parent/Guardian B Name: Last</b>	<b>First</b>	<b>Middle</b>	<input type="checkbox"/> <b>No Middle Name</b>	
<b>Relationship to Child:</b> <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____				
<b>Teen Parent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Preferred Language for Future Communication:</b> _____				
<b>Home Address:</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<input type="checkbox"/> <b>Same as Student's Address</b>				
<b>Phone Number:</b>		<b>Alternate Phone Number:</b>		<b>Email Address:</b>
<b>Reason for Needing Child Care:</b> (select all that apply) <input type="checkbox"/> Working (Employer Zip Code: _____) <input type="checkbox"/> Seeking Employment <input type="checkbox"/> In School or Training Program <input type="checkbox"/> Homeless or Seeking Permanent Housing <input type="checkbox"/> Medically Incapacitated <input type="checkbox"/> None of These Apply				



## FAMILY INCOME INFORMATION

Household Size (includes parent/guardians + all children under 18 years old): \_\_\_\_\_

Gross Monthly Income: List total amount for each source of income before taxes for each parent/guardian.

Parent / Guardian A	Parent / Guardian B
Employment (include self-employment) \$ _____	Employment (include self-employment) \$ _____
Unemployment \$ _____	Unemployment \$ _____
Child Support \$ _____	Child Support \$ _____
Federal Cash Aid (CalWORKS) \$ _____	Federal Cash Aid (CalWORKS) \$ _____
Other \$ _____	Other \$ _____
<b>Total Gross Monthly Income</b> \$ _____	<b>Total Gross Monthly Income</b> \$ _____

I do not wish to disclose my income information and therefore agree to pay the maximum tuition rate

## SCHOOL HOURS AND OPTIONS: please select from the following

Crown Preschool	OR	Silver Strand Preschool
<b>3 year-old</b> <input type="checkbox"/> 2 days (T/Th) OR <input type="checkbox"/> 3 days (M/W/F) OR <input type="checkbox"/> 5 days (M-F)		<b>3 Year-old</b> <i>(5 days only)</i> <input type="checkbox"/> AM Preschool: 8:15 a.m. - 11:15 a.m. OR <input type="checkbox"/> PM Preschool: 12:05 p.m. - 3:05 p.m.
<b>4 year-old</b> <i>(5 days only)</i> <input type="checkbox"/> AM Preschool: 8:15 a.m. - 11:15 a.m. OR <input type="checkbox"/> PM Preschool: 12:05 p.m. - 3:05 p.m.		<b>4 year-old</b> <i>(5 days only)</i> <input type="checkbox"/> AM Preschool: 8:15 a.m. - 11:15 a.m. OR <input type="checkbox"/> PM Preschool: 12:05 p.m. - 3:05 p.m.

## PREK TUITION

Crown Preschool	Silver Strand Preschool
<b>3 year-old</b> <ul style="list-style-type: none"> <li>• 2 Days - \$279</li> <li>• 3 Days - \$396</li> <li>• 5 Days - \$610</li> </ul>	<b>4 year-old</b> <ul style="list-style-type: none"> <li>• 5 Days - \$610</li> </ul>
<h3 style="margin: 0;">Part-Day State Funded ONLY</h3>	

**Please note: Only Crown will offer Extended Day Care so please select the school that best fits your needs.**

## CERTIFICATION AND SIGNATURE OF PARENT/GUARDIAN

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge. I will notify the agency immediately if there is any change in my income, family size, residence, employment, or reason for needing child development services. I understand that the information about my eligibility may be reviewed by representatives of the State of California, the Federal Government, Independent auditors, or others as necessary for the administration of the program. I understand that if the agency denies this application for services, I have the right to appeal. I understand if my child is enrolled into an SFUSD full year PreK that I must renew my eligibility at least once per year (once every six months for protective services children). I further understand that if I do not renew my eligibility, I will no longer be eligible for subsidized child care services for my child. **I understand that completion of this application does not guarantee services.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised 1.2021

### Office Use ONLY

<b>Documents:</b> <input type="checkbox"/> BC <input type="checkbox"/> 2xRes <input type="checkbox"/> Shots <input type="checkbox"/> Fee	<b>School:</b> <input type="checkbox"/> Crown <u>OR</u> <input type="checkbox"/> Strand	<b>Classroom:</b> <input type="checkbox"/> 3 year <u>OR</u> <input type="checkbox"/> 4 year <input type="checkbox"/> AM <u>OR</u> <input type="checkbox"/> PM	<b>Program:</b> <input type="checkbox"/> State-Funded <u>OR</u> <input type="checkbox"/> Tuition <input type="checkbox"/> Income Eligible - Ranking _____	<b>Status:</b> <input type="checkbox"/> Accepted <input type="checkbox"/> Enrollment <input type="checkbox"/> ProCare
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