



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. 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. **As of Feb 1, 2020 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 1.2020

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Silver Strand Preschool
1350 Leyte Rd 30
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2020-21 Student Application

STUDENT INFORMATION - PLEASE PRINT CLEARLY				
Student's Name: Last	First	Middle	<input type="checkbox"/> No Middle Name	
Birth Date: (MM/DD/YYYY)	Current Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Student's Primary Home Address:	Apt. #	City	State	Zip Code
Race: (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: _____	
Is your student Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student's Primary Language: _____		
Please check all that apply for your student: <input type="checkbox"/> Child Protective Services <input type="checkbox"/> At Risk of Abuse CPS / At Risk Letter Date:				
<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) IEP Date:				
Does child have any siblings?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Sibling's name (first and last):	_____	DOB:	_____	
Sibling's name (first and last):	_____	DOB:	_____	
Sibling's name (first and last):	_____	DOB:	_____	
**For State-Funding, you will be required to provide birth certificates for all children under the age of 18 at the time of enrollment.				
PARENT / GUARDIAN INFORMATION				
Parent/Guardian A Name: Last	First	Middle	<input type="checkbox"/> No Middle Name	
Relationship to Child:	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____
Single Parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Teen Parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Language for Future Communication: _____
Home Address:	Apt #	City	State	Zip Code
<input type="checkbox"/> Same as Student's Address				
Phone Number:	Alternate Phone Number:	Email Address:		
Reason for Needing Child Care: (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				
Parent/Guardian B Name: Last	First	Middle	<input type="checkbox"/> No Middle Name	
Relationship to Child:	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____
Teen Parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Language for Future Communication: _____		
Home Address:	Apt #	City	State	Zip Code
<input type="checkbox"/> Same as Student's Address				
Phone Number:	Alternate Phone Number:	Email Address:		
Reason for Needing Child Care: (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 \$ _____
Total Gross Monthly Income \$ _____	Total Gross Monthly Income \$ _____

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
3 year-old <input type="checkbox"/> 2 days (T/Th) OR <input type="checkbox"/> 3 days (M/W/F) OR <input type="checkbox"/> 5 days (M-F)		3 Year-old <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.
4 year-old <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.		4 year-old <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
3 year-old <ul style="list-style-type: none"> • 2 Days - \$270 • 3 Days - \$385 • 5 Days - \$595 	4 year-old <ul style="list-style-type: none"> • 5 Days - \$595
<h1 style="margin: 0;">Part-Day State Funded ONLY</h1>	

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 _____

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Office Use ONLY

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