



Dear Sanborn Kindergarten parent/guardian,

We are excited that you have selected the St. Vrain Valley School District Kindergarten Program to meet the social and academic needs for your Kindergartener for the **2018-19** school year. Our Kindergarten program is delighted to offer the opportunity for free full day kindergarten through a state funded program called ECARE which funds the second half of the kindergarten day. Funding for this program is reserved for families that meet qualifying factors. You are encouraged to apply by completing the attached application. All applying families will agree to a phone interview to verify qualification for the ECARE program to be conducted in early August.

ECARE:

ECARE is a state-funded, free program for eligible children identified with certain qualifiers. Children qualifying for ECARE are required to attend full day kindergarten five days a week and sign an agreement to accept funding and agree to support an active participation in your child's kindergarten experience. All ECARE kindergarten students must be five years of age on or before October 1st. To apply, please complete:

- Kindergarten Application Form
- Tuition Assistance Application
- Return to the school

ECARE is a free State funded kindergarten program provided to students and families with certain qualifying factors. Parents are waived registration and tuition fees.

Child Qualifiers (Circle YES or NO in response to each question)

1. YES NO *The family is eligible for Free and Reduced Lunch/Food Stamps*
2. YES NO *The family is homeless or lives with another family*
3. YES NO *An abusive adult lives in the home*
4. YES NO *There is drug or alcohol abuse in the family*
5. YES NO *Either parent was less than eighteen and unmarried when the child was born*
6. YES NO *The parent or guardian did not finish high school or its equivalent*
7. YES NO *The family moves often*
8. YES NO *The child has poor social skills*
9. YES NO *The child has poor language skills or speaks limited English*
10. YES NO *Receives services from State Dept. of Social Services as neglected or dependent child*

Please feel free to contact myself at 303-702-7871 over the summer months with any questions regarding the ECARE Full Day Kindergarten opportunity or John Wahler once he returns from summer break in August.

Shela Blankinship
Early Childhood Coordinator
blankinship_shela@svvsd.org
office 303-702-7871

John Wahler
Principal, Sanborn Elementary
wahler_john@svvsd.org
Office # 303-772-3838

Please **Print** your Child's Name: (As written on birth certificate)

First: _____ Middle: _____

Last: _____

DOB: _____ Age: _____ (must be age 5 by 10/1/18) Gender: _____ M _____ F

Parent(s)/Guardian(s) Name: _____

Address: _____ P.O. Box _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Dad's Work Phone: _____ Mom's Work Phone: _____

Date of Application: _____ email: _____

Please answer the following questions:

Are there any siblings in the SVVSD? ___ Yes ___ No. If yes, which school? _____

Does either parent work in the SVVSD? ___ Yes ___ No. If yes, where? _____

Did the child attend preschool in SVVSD the previous year? ___ Yes ___ No. Where? _____

IMPORTANT: Transportation for ½ day kindergarten is **NOT** provided.

Primary Language Spoken at Home: ___ English ___ Spanish ___ Both Other: _____

Primary Language Spoken by Child: ___ English ___ Spanish ___ Both Other: _____

Please note the following to avoid delays in processing this application:

A completed **Kindergarten Application** and the St. Vrain Valley School District **Tuition Assistance Application** along with a **Free/Reduced Lunch Application** **MUST** be submitted to your school office.

Agreement: *I hereby certify that all of the above information is true and correct. I understand that this information is being given in connection with the program's receipt of State funds. Program officials may request verification of this information.*

Signature of Parent or Legal Guardian

Date



2018-19

Sanborn Kindergarten Tuition Assistance Application

Please complete and return this form and the Free/Reduced Lunch Application to Sanborn Elementary School, 2235 Vivian St. Longmont, CO. 80501.

The information you provide will help determine your child's eligibility for ECARE or a scholarship. **Be prepared to provide proof of income upon request.**

List all students living in your household and attending St. Vrain Valley Schools:

First Name	MI	Last Name	DOB (mm/dd/yy)	Grade

List everyone living in your household **NOT** attending St. Vrain Valley Schools (enter **monthly** income):

First and last name of all adults and children not listed above	Earnings from work before Deductions	Welfare payments Child support/Alimony	Payments from Pension Retirement/Soc. Sec.	Other income
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE →

Signature Printed Name Date

I hereby certify (promise) that all information on this application is true and all income is reported.

Address _____ City _____ Zip _____ Phone _____

For Office Use Only:	Qualification Category	
Total Monthly Income _____	Free Reduced DNQ	Date _____
Total # Household _____		Official _____