



Premier Kids Academy

Dear Families,

Welcome to our Early Childhood Education Program for children **ages 3-5**. We are delighted to have you and your child join our wonderful community. As your child embarks on their educational journey with us, we want to assure you that they will receive the highest quality care, education, and support.

Our program operates from **Monday to Friday, from 9am to 12pm**. To stay informed about our days of operation and holiday closings, please refer to the enclosed calendar. We want to ensure that you and your child have a smooth and enjoyable experience, and having this information handy will help you plan accordingly.

We understand that income eligibility can sometimes be a concern for families, but we encourage you to complete the entire application regardless of your financial situation. Our program is open to all families, and we strive to provide equal opportunities for everyone. If you feel uncertain about meeting the income eligibility criteria, we still encourage you to submit a complete application. We are here to support you and we believe every child deserves access to quality early childhood education.

In order to complete your application, **please remember to provide a copy of your child's birthday certificate. We also need the last 4 digits of the child's social.** This document is necessary for our records and helps us ensure accurate enrollment information. If you have no income, please fill out the form indicating **"no income."**

We are here to assist you throughout this process, so please don't hesitate to reach out with any questions or concerns. Our dedicated staff is committed to creating a nurturing and stimulating environment for your child's growth and development.

Once again, welcome to our Early Childhood Education Program. We are excited to embark on this educational journey together and look forward to getting to know you and your child.

Warm regards,
Premier Kids Academy Management



2023/24 School Calendar

Premier Kids Academy 5171 Mayfield Rd. Lyndhurst OH 44124

August 2023						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

September 2023						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October 2023						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November 2023						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December 2023						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

January 2024						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February 2024						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

March 2024						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April 2024						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May 2024						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June 2024						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July 2024						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Federal holidays 2023/24

Sep 4, 2023	Labor Day	Nov 11, 2023	Veterans Day	Jan 1, 2024	New Year's Day	May 27, 2024	Memorial Day
Oct 9, 2023	Columbus Day	Nov 23, 2023	Thanksgiving Day	Jan 15, 2024	Martin Luther King Day	Jun 19, 2024	Juneteenth
Nov 10, 2023	Veterans Day (obs.)	Dec 25, 2023	Christmas Day	Feb 19, 2024	Presidents' Day	Jul 4, 2024	Independence Day

Closed

Weekend

In operation 9am-12pm ECE Hours

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Premier Kids Academy does not charge ECE Grant funded families any fee or tuition for those students' ECE Grant funded hours. Any time over 2.5 hours daily is billed to the family or other funding source.

SLIDING FEE SCALE POLICY

Size of Family Unit	1	2	3	4	5	6	7	8	Family units with more than 8 members	ECE Hours (9 am -12 pm, M-F)	Child Care (7 am - 9 am and 12 pm - 6:30 pm, M-F)
200% Poverty Level	\$29,160	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560	\$90,840	\$101,120	Add \$10,280 for each additional	Free	Based on co-pay or \$36 a day.
185% Poverty Level	\$26,973	\$36,482	\$45,991	\$55,500	\$65,009	\$74,518	\$84,027	\$93,536	Add \$9,509 for each additional	Free	Based on co-pay or \$36 a day.
175% Poverty Level	\$25,515	\$34,510	\$43,505	\$52,500	\$61,495	\$70,490	\$79,485	\$88,480	Add \$8,995 for each additional	Free	Based on co-pay or \$36 a day.
150% Poverty Level	\$21,870	\$29,580	\$37,290	\$45,000	\$52,710	\$60,420	\$68,130	\$75,840	Add \$7,710 for each additional	Free	Based on co-pay or \$36 a day.
125% Poverty Level	\$18,225	\$24,650	\$31,075	\$37,500	\$43,925	\$50,350	\$56,775	\$63,200	Add \$6,425 for each additional	Free	Based on co-pay or \$36 a day.
100% Poverty Level	\$14,580	\$19,720	\$24,860	\$30,000	\$35,140	\$40,280	\$45,420	\$50,560	Add \$5,140 for each additional	Free	Based on co-pay or \$36 a day.

Ohio Department of Job and Family Services
Ohio Department of Education
EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

- Complete the screening tool, JFS 01121.
- Submit this form to **your provider**.
- Do not submit the form to the Ohio Department of Education.
- Your provider will let you know if you qualify.

How do I apply for Early Childhood Education Services (ECE)?

- Complete the screening tool, JFS 01121, and the JFS 01122 Publicly Funded Child Care Supplemental Application, answering as many questions as you can. **Be sure to sign both forms.**
- Submit both the JFS 01121 and JFS 01122 to your local county agency. Attach verifications to the JFS 01122 (see verification requirements below).
- A verifications checklist will be mailed to you within 10 days of your application date if more information is needed to make a decision on your case.
- You will have **30 days** from the date the county receives your application to provide all needed information.

How do I apply for Publicly Funded Child Care?

- **Proof of income:** Verification of income includes but is not limited to paystubs, tax records, award letters, child support orders, etc.
- **Proof of any child support paid.**
- **Proof of citizenship or qualified alien status for children in need of care:** If the county agency verifies that you have already provided proof of citizenship to qualify for OWF, you will not have to provide it a second time.
- **Proof of a qualifying activity for all caretakers in the household:** Verification of a qualifying activity includes but is not limited to an official school schedule, work schedule, employment verification, self-sufficiency contract, etc.
- **Provide the name and address of an eligible child care provider chosen for each child in need of care.** (See below for tips on choosing a provider).

What verifications do I need for publicly funded child care?

Step Up To Quality helps families identify child care programs that go beyond the minimum standards of licensing. Star rated programs demonstrate higher levels of quality in a variety of ways. For more information, visit the ODJFS child care website at <http://dfs.ohio.gov/cdc/index.stm> and click on "Step Up To Quality."

What is Step Up To Quality?

ECE: If you would like to view a map of early childhood education providers, visit <http://education.ohio.gov/Topics/Early-Learning/Early-Childhood-Education-Grant>.

How do I choose a Provider?

- If you would like assistance with selecting a publicly funded child care provider, you may contact your local Child Care Resource and Referral Agency. Visit <http://dfs.ohio.gov/cdc/families.stm> for contact information.
- You may use the ODJFS Child Care Directory to look for programs that fit your child care needs at <http://childcaresearch.ohio.gov/>. The directory allows you to search by location, type of program, services offered and days and hours of operation. Information is provided about each program including Step Up To Quality rating, any additional accreditation or affiliation, licensing inspections and substantiated complaints.

When will my eligibility begin?

ECE: You will be notified by your provider when you may begin care.

How do I get help with completing this application?

Publicly Funded Child Care: Your eligibility for the publicly funded child care program is determined within 30 days from the date the signed application is received by the county. If this application is approved and you are eligible for child care benefits, the county agency may authorize payment for child care from the date the county received this application.

ECE: If you need assistance with this application, ask your provider.

Publicly Funded Child Care: If English is not your primary language, the county agency will provide someone who can help you understand the questions on this application. If you have a disability, are hearing impaired or visually impaired, the county agency will help you complete this application.

What if my child has a disability or I suspect my child may be developmentally delayed?

- To learn more about Medicaid health screenings and early intervention services for your child, please visit the Ohio Department of Job and Family Services child care website at <http://dfs.ohio.gov/CDC/childcare.stm> and click on "Families."
- **Publicly Funded Child Care:** Your child care provider may qualify for additional assistance if they must make special adaptations for your child. Your provider may contact your county agency for more information.

How do I make a complaint about a provider?

ECE (ODE): If the program is licensed by ODE, call 614-466-0224.

Publicly Funded Child Care (ODJFS): If the program is licensed by ODJFS, call 1-877-302-2347, option 4

**Ohio Department of Job and Family Services
Ohio Department of Education
EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL**

Tell us about you (the applicant)

First Name		MI	Last Name
Address			
Today's Date			
City	State	County	Zip Code
Phone Number () ()	Additional Phone Number () ()	E-mail Address	

Tell us about the people in your home

Name (First, Middle, Last)	You Relationship to (spouse, son, friend, etc.)	Race	Hispanic or Latino Y or N	Spoken Language	Date of Birth	Gender M or F	U.S. Citizen Y or N
	Self	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					

<p>Special Needs</p> <p>Is your child in need of special needs child care based on this definition? "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Child 1</p> <p>Name</p> <p>Child's Mother's Maiden Name</p> <p>Child's City of Birth</p>	<p>What hours/days do you need services? (i.e. child care or preschool) <i>Check all that apply</i></p> <p> <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends </p>
<p>Child 2</p> <p>Name</p> <p>Child's Mother's Maiden Name</p> <p>Child's City of Birth</p>	<p>What hours/days do you need services? (child care or preschool) <i>Check all that apply</i></p> <p> <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends </p>
<p>Special Needs</p> <p>Is your child in need of special needs child care based on this definition? "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>What is the child's home school district?</p>	

<p>What hours/days do you need services? (child care or preschool) <i>Check all that apply</i></p>	<p>Provider Name and Address</p>	<p>Name Child 3</p>
<p> <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends </p>		
<p>What is the child's home school district?</p>		<p>Child's Mother's Maiden Name</p>
		<p>Child's City of Birth</p>
<p>Special Needs</p> <p>Is your child in need of special needs child care based on this definition? "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Tell us about your finances

Will you or the people in your home receive income this month? Yes No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, bi-weekly, etc)	Date Last Received	Work or School Schedule (please list times)
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Wed _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Sat _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Wed _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Sat _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Wed _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Sat _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Wed _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Sat _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Wed _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Sat _____

Do you or anyone in your household pay Child or Spousal Support? Yes No

How Much?

Signature of Applicant _____

Date _____

**Early Childhood Education Grant
Zero Income and McKinney-Vento Statement**

Families with no income must provide a written explanation of how they are meeting basic living expenses, including food, housing/shelter, utilities and transportation.

The McKinney-Vento Act provides resources for children of families that are experiencing homelessness. Preschool students experiencing homelessness are eligible for immediate enrollment in programs with Title 1 funding. Homelessness is defined as:

- 1. Children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;
- 2. Children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation;
- 3. Children who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- 4. Migratory children who qualify as homeless because they are living in circumstances described in 1-3 above.

I, _____, verify that neither I nor any member of my family earns/receives any income.

I, _____, verify that my family meets the definition of homelessness.

Briefly describe how your family is meeting food, housing, utilities and transportation needs:

I certify that the information above is complete and accurate to the best of my knowledge. I understand that if I knowingly give false information or misrepresentation of my income, it may result in disqualification.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

Witness Printed Name: _____

Witness Signature: _____

Date: _____

Ohio Department of Health • Vital Statistics Application For Certified Copies

CERTIFICATE REQUESTED

<input type="checkbox"/> Birth Certificate \$21.50 per certified copy	<input type="checkbox"/> Paternity Affidavit \$7.00 per certified copy
<input type="checkbox"/> Death Certificate \$21.50 per certified copy	<input type="checkbox"/> Stillbirth Abstract (No Cause of Death) Free to birth parents
	<input type="checkbox"/> Fetal Death Certificate (Cause of Death shown) \$21.50 per certified copy

Mailing Address
Ohio Department of Health
Vital Statistics
P.O. Box 15098
Columbus, Ohio 43215-0098
(614) 466-2531

Send completed application with required fee to:

RECORD INFORMATION (Information about the person on the requested record)

Full Name (for birth, indicate child's full name as shown on the original birth record):	
Date of Birth:	Date of Death:
City and County Where Event Occurred:	
<input checked="" type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	<input type="radio"/> Mother <input checked="" type="radio"/> Father <input type="radio"/> Parent
Name Before First Marriage:	Name Before First Marriage:
If Name was Changed Since Birth, Indicate New Name:	

CHARGES Please include check or money order (do not send cash) made payable to "TREASURER, STATE OF OHIO"

Birth:	Please indicate if you are requesting the certificate for any of the following purposes: <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> International Legal Business	Number of birth record copies: _____ x \$21.50 = \$ _____
Death:	<input checked="" type="radio"/> No, I do not need the Social Security Number included. <input type="radio"/> Yes, I request a copy with the SSN included. You must attach a copy of your identification showing you are an authorized requestor (see instructions page for complete listing of authorized requestors).	Number of death record copies: _____ x \$21.50 = \$ _____
Acknowledgment of Paternity (AOP):	Central Paternity Registry 6-digit Number (please call the Central Paternity Registry at (888) 810-6446 if you do not have this number):	Number of AOP copies: _____ x \$7.00 = \$ _____
Fetal Death or Stillbirth:	Did the stillbirth event occur at 20 weeks or less gestation? <input checked="" type="radio"/> Yes <input type="radio"/> No (This information will help us determine how the record has been filed)	Number of stillbirth abstract certificates: _____ (Free to birth parents) Number of fetal death record copies: _____ x \$21.50 = \$ _____
Total Amount Due: Refunds will be issued only for orders where a certified document cannot be issued. Overpayment of \$2.00 or less will not be refunded.		\$ _____

APPLICANT INFORMATION (Information about the person requesting the record)

Please print clearly as this will be used for your receipt, mailing address, and/or for future contact to complete your record request.

Applicant Name:	Email:	Signature of Applicant:	City, State, & ZIP:
Street Address:	Phone Number:		