



# 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.

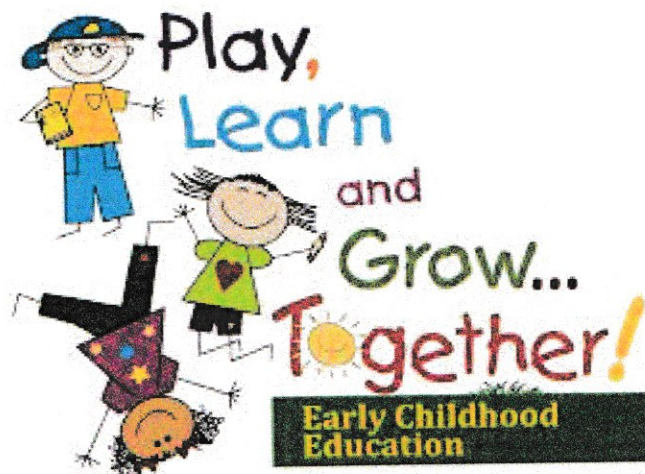
We understand that income eligibility can sometimes be a concern for families, but we encourage you to complete the entire application regardless of your financial situation. Our program is open to all families, and we strive to provide equal opportunities for everyone. If you feel uncertain about meeting 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



# 2024 Calendar Premier Kids

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

April						
Su	Mo	Tu	We	Th	Fr	Sa
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May						
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						
Su	Mo	Tu	We	Th	Fr	Sa
						1
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July						
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			

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

September						
Su	Mo	Tu	We	Th	Fr	Sa
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October						
Su	Mo	Tu	We	Th	Fr	Sa
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
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10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December						
Su	Mo	Tu	We	Th	Fr	Sa
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

## Federal Holidays 2024 Closed

Jan 1	New Year's Day	May 27	Memorial Day	Aug 30/Sep 2	Labor Day Break	Nov 28	Thanksgiving Break
Jan 15	Martin Luther King Day	Jun 19	Juneteenth	Oct 14	Columbus Day	Dec 25	Christmas Break
Feb 19	Presidents' Day	Jul 4	Independence Day Break	Mar 29	Good Friday		





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

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

- 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.
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**How do I apply for Publicly Funded Child Care?**

- 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.
- 

**What verifications do I need 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).**
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**What is Step Up To Quality?**

**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://jfs.ohio.gov/cdc/index.stm> and click on "Step Up To Quality."**

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**How do I choose a Provider?**

**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>.

**Publicly Funded Child Care:** Parents may select any program approved to offer publicly funded child care. These programs include centers, family child care homes and in-home aides located throughout the state of Ohio.

- 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://jfs.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.
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**Continued on next page**

<b>When will my eligibility begin?</b>	<p><b>ECE:</b> You will be notified by your provider when you may begin care.</p> <p><b>Publicly Funded Child Care:</b> 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.</p>
<b>How do I get help with completing this application?</b>	<p><b>ECE:</b> If you need assistance with this application, ask your provider.</p> <p><b>Publicly Funded Child Care:</b> 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.</p>
<b>What if my child has a disability or I suspect my child may be developmentally delayed?</b>	<ul style="list-style-type: none"> <li>• 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 <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a> and click on "Families."</li> <li>• <b>Publicly Funded Child Care:</b> 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.</li> </ul>
<b>How do I make a complaint about a provider?</b>	<p><b>ECE (ODE):</b> If the program is licensed by ODE, call 614-466-0224.</p> <p><b>Publicly Funded Child Care (ODJFS):</b> If the program is licensed by ODJFS, call 1-877-302-2347, option 4</p>



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
Phone Number (    )	Additional Phone Number (    )	E-mail Address

**Tell us about the people in your home**

Name <i>(First, Middle, Last)</i>	Relationship to You <i>(spouse, son, friend, etc.)</i>	Race	Hispanic or Latino <i>Y or N</i>	Spoken Language	Date of Birth	Gender <i>M or F</i>	U.S. Citizen <i>Y or N</i>
	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					
		<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					

Child 1	Provider Name and Address	What hours/days do you need services? (i.e. child care or preschool) <i>Check all that apply</i>
Name		<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
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		
<b>Special Needs</b> 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.  <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child 2	Provider Name and Address	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		<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
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		
<b>Special Needs</b> 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.  <input type="checkbox"/> Yes <input type="checkbox"/> No		

Child 3	Provider Name and Address	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		<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
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		
<p><b>Special Needs</b></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"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____

**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:

*Individuals who lack a fixed, regular, or adequate nighttime residence and includes:*

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

### Mailing Address

Send completed application with required fee to:

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

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

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

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

<b>Birth:</b>	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 = \$ _____
<b>Death:</b>	<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 = \$ _____
<b>Acknowledgment of Paternity (AOP):</b>	Central Paternity Registry 6-digit Number <small>(please call the Central Paternity Registry at (888) 810-6446 if you do not have this number):</small>	Number of AOP copies: _____ x \$7.00 = \$ _____
<b>Fetal Death or Stillbirth:</b>	Did the stillbirth event occur at 20 weeks or less gestation? <input checked="" type="radio"/> Yes <input type="radio"/> No <small>(This information will help us determine how the record has been filed)</small>	Number of stillbirth abstract certificates: _____ <small>(Free to birth parents)</small> Number of fetal death record copies: _____ x \$21.50 = \$ _____
<b>Total Amount Due:</b> 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:
Street Address:	Phone Number:
City, State, & ZIP:	Signature of Applicant: