PERRY TOWNSHIP

2025/2026 SCHOOL YEAR

EARLY CHILDHOOD ACADEMY ENROLLMENT APPLICATION

6548 Orinoco Avenue, Indianapolis, IN 46227

Phone 317-789-3900 Fax 317-780-4408

 **\*\*\*Birth Certificate or I94 must be attached\*\*\***

Perry Township School Corporation Employee: (**circle**) Mother Father Grandparent

School Location: Position:

**STUDENT INFORMATION:**

**(As stated on Birth Certificate)**

First Middle Last

Gender: F M Birth Date Birth City

Street Address

City State ZIP

Primary Language/Dialect Primary Phone

**STUDENT BIRTH INFORMATION**

Place of Birth: City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Born Outside of U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the student a refugee? \_\_\_\_\_\_\_\_\_ I-94 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ U.S. Arrival Date \_\_\_\_\_\_\_\_\_\_

**Resettlement Agencies** (**circle one**) Catholic Charities – Exodus – Out of State Agency

When the school staff needs to contact you, which language do you prefer? Please Choose **ONLY** one of the following:

 \_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_ Chin/Hakha \_\_\_\_\_ Arabic \_\_\_\_\_ Swahili

**PREVIOUS SCHOOL INFORMATION**

Date student first enrolled in US School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_ Withdrawal Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_ Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Our program provides quality care and education for children of the Perry Township community.**

**PARENT/ GUARDIAN INFORMATION**

**Father / Stepfather / Guardian (circle)**

First MI Last

Street Address

City State ZIP

Home Phone Cell Phone

Home Email Work Email

**Mother / Stepmother / Guardian (circle)**

First MI Last

Street Address

City State ZIP

Home Phone Cell Phone

Home Email Work Email

Child’s mother and father are: (**circle**) Married Separated Divorced Single Other

**HEALTH INFORMATION**

Check if your child does have or has had any of the following, please check all that apply:

**\_\_\_\_\_\_ Diabetes**

**\_\_\_\_\_\_ Heart Disease**

**\_\_\_\_\_\_ Ulcer/Gerd**

**\_\_\_\_\_\_ Infectious Hepatitis**

**\_\_\_\_\_\_ Ear Infections/Tubes**

**\_\_\_\_\_\_ Surgeries/Hospitalizations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_ Taking Daily Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_ Allergies/Allergic to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_ Asthma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_ Seizures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_ Special Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_ Other health problems we should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Items checked above will require an additional Medical Information Sheet and an appointment with the school nurse prior to starting school. The required Medical Information Sheet is available in the preschool office and must be completed and submitted with your application.**

All students entering Perry Township Early Childhood Academy must have on file a complete record of immunizations. An immunization record will be required once your child has been accepted to the Academy.

 **FAMILY INFORMATION**

**List siblings attending this school or other Perry Township Schools**

Name School Grade

Name School Grade

Name School Grade

Name School Grade

Name School Grade

List any other children or adults other than immediate family living in the same house?

Mother is employed outside the home? Yes No

## If yes, list employer Work Phone

#### Father is employed outside of the home? Yes No

If yes, list employer Work Phone

Is this child (or family) working with any social service agency?\_\_\_\_\_\_ \_

Is this child a refugee? No Yes If yes, provide Alien #

**CHILD’S PERSONAL HISTORY**

Name on Birth Certificate: First Last

What do you call your child at home: First Last \_\_\_\_\_\_\_

How do you want your child to learn to write his/her name? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Child has attended: (circle) nursery school daycare home childcare other

Describe your child’s language and communication abilities:

What is the language spoken most at home?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Are there religious or family/cultural traditions your child observes? (**circle**) Yes No

If so, please specify

Please take a moment to describe your child’s personality:

Does your child have fears we should know of? (**circle**) Yes No

If so, specify and provide tips for helping your child cope with their fears.

Please describe any unique circumstances in your family or child’s life that may affect your child’s current behavior? (For example, child’s imaginary playmate; new sibling; a recent move; problems with child care arrangements; family death, illness or hospitalization; parent separation or divorce, etc.

What do you hope your child gains from enrollment in our program?

Child shirt size: (**circle one**) XS S M L

 (2-4) (6-8) (10-12) (14-16)

**PHOTO RELEASE FORM**

**Perry Township Early Childhood Academy**

Student Name

 (Please print)

I, the parent/legal guardian of the above-named student, grant my expressed permission for Perry Township Early Childhood Academy to exhibit photographs or likenesses of the above-named student. No names will be published except in the event of a newspaper publication.

By signing this release, I acknowledge that I hereby release and forever discharge Perry Township Early Childhood Academy and the MSD of Perry Township and the trustees, officers, agents, and employees of the Perry Township Early Childhood Academy School and MSD of Perry Township from and against any and all claims, damages or suits which may arise from, the use of the publications, press/media releases, or website, including, but not limited to, the exhibition of the above-named student’s photograph or likeness or publication of the student’s name.

Parent/Guardian Signature

Date

 **Placement Guidelines: Is my child ready for the Early Childhood Academy?**

The following are a few distinctions to help you understand the different expectations of the Early Childhood program compared to a toddler classroom or daycare. Please try your best to determine how your child will be behaving in the following areas when he/she begins school with us.

**Toileting:** Potty training is a multi-step process and children fall somewhere on the continuum while they are working to be fully potty trained.  The Early Childhood Academy defines potty trained as being able to identify when they need to use the restroom and being able to follow through all the necessary steps independently.  ECA staff are not expected to help with toileting - including wiping.  They can coach and encourage but it is expected that children manage each step on their own. We expect that some children will have an occasional accident but frequent accidents (defined as daily or multiple days during the week) are an indication that the child is not fully potty trained.

If your child is still wearing pull ups at home or to bed we do not consider them fully potty trained.

**Age:** Children must be at least three years old to begin at the Early Childhood Academy. He/she must be able to identify the sensation of needing to use the toilet on his/her own and follow through with all necessary steps.

**Social skills**: While learning to play is a skill the children are constantly developing, children beginning our program should be in the habit of sharing toys and materials. Preschoolers are expected to be able to play cooperatively with other children and use their words rather than taking toys from other children or being physical in an effort to have their way. If your child is still in the stage of taking toys and books from other children, he/she should probably join a toddler class where allowances can be made for this behavior that help the children learn to master this impulse.

**Care of self**: The Early Childhood teachers will expect a certain degree of independence when it comes to self-care. The students should be capable of taking on/off his or her own clothing, such as coats, hats, mittens, as well as taking on/off his/her clothes to use the toilet, including tights and underwear. While the teachers are happy to help a child who is wearing a certain outfit (such as a pair of overalls which may on occasion be a challenge) the preschool student generally should be able to undress on his/her own. The child should also carry his/her own personal items such as lunch boxes and art work, and be able to determine what belongs to him/her when asked direct questions such as; is this your coat? or is this your lunchbox?

**Two Step Directions**: Children in the Early Childhood Academy should be able to follow two-step directions such as; please take off your coat and wash your hands, or go and get your lunch and take a seat at the table.

**Communication**: The ECA students should be able to communicate their basic needs to a teacher and a peer. If help is needed to use the bathroom or have a drink of water, they should be able to ask the teacher for help.

**Sitting**: Early Childhood Academy students will be asked to sit for periods of up to 20 minutes for circle time, activities, and lunch. While many children are able to do this better than their parents might think, if you know from experience that your child cannot sit still for short periods of time then he/she should probably be in a toddler class or daycare where the expectations for this are not as high.

**Mouthing/Oral Fixation**: Children enrolled in the Early Childhood Academy should not put things in their mouth other than food. If your child still tends to mouth things to explore their texture, then he/she will be a better fit in a toddler class where items are sanitized daily for this purpose, and there are no items that could pose choking hazards to your young child.

We hope this helps you to understand the differences between a daycare and preschool programs. Please don't hesitate to ask if you have further questions! **The Early Childhood Academy will work to ensure that the program is successful for all students. We reserve the right to make final decisions about the appropriateness of the program for the child’s needs.**

I have read and understand the expectations for my child in the Early Childhood Academy.

 Parent/Guardian Signature Date

**TUITION or TITLE I SUPPORT?**

Weekly tuition charge of $205 will be paid for student.

\_\_\_\_\_ Weekly tuition charge of $180 will be paid for students of a Perry Township Employee.

 Title I Support Application will be completed for student.

 **(Only check if completing Tuition Support Application)**

 If Title I Support is denied, student **WILL** attend and tuition will be paid.

 If Title I Support is denied, student will not attend.

**TITLE I SUPPORT AGREEMENT**

I understand that my child qualifies for Title I support in the Early Childhood Academy if:

1. We live in a boundary for a Title I school - Winchester Village, Homecroft Elementary, Southport Elementary, Abraham Lincoln Elementary, Clinton Young Elementary, Henry Burkhart Elementary, Mary Bryan Elementary.
2. He/she is 4 or 5 years old and age appropriate for kindergarten for the following school year.
3. He/she does not have any siblings that attend a non-title I school.
4. Student ECA Title I Support Application is approved.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**2025/2026 ECA TITLE I SUPPORT APPLICATION**

Student:

Application Date:

**Income Documents must be submitted twice, with application and at the beginning of the school year. (Document guidelines listed below.)**

**Step 1**

List all Household members: include parents, adults and children. (Household member, anyone who is living with you and shares income and expenses, even if not related.)

 First Name Last Name Birthdate (children only) Student Foster Child\*

1. yes/no yes/no

2. yes/no yes/no

3. yes/no yes/no

4. yes/no yes/no

5. yes/no yes/no

6. yes/no yes/no

7. yes/no yes/no

8. yes/no yes/no

9. yes/no yes/no

10. yes/no yes/no

11. yes/no yes/no

If more spaces are required for additional names, attach another sheet of paper.

**Total Household Members (Children and Adults)**

\*If preschool student is a Foster child, provide written/official documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.

**Step 2**

Do any Household Members (including parents) currently participate in one or more of the following assistance programs: Food Stamp or TANF? Yes No

If yes, list case number. Case Number:

(If your number changes, you must provide us with your new number.)

**Step 3** (Skip if you entered case number in step 2)

**Report total gross income for ALL Household Members receiving any source of income.** (Gross income – income before any taxes or deductions)

**Proof of income must be submitted with Title I Support Application and will be required for second submission at the beginning of school.** See next page for proof of income guidelines.

**Income Source Examples: Work/Public Assistance/Child Support/Pensions/Retirement**

1. First and Last Name:

Income source:

Gross Income: Circle: weekly / every 2 weeks / 2x month / monthly

Last 4 digits of Social Security # No Social Security Number

2. First and Last Name:

Income source:

Gross Income: Circle: weekly / every 2 weeks / 2x month / monthly

Last 4 digits of Social Security # No Social Security Number

3. First and Last Name:

Income source:

Gross Income: Circle: weekly / every 2 weeks / 2x month / monthly

Last 4 digits of Social Security # No Social Security Number

4. First and Last Name:

Income source:

Gross Income: Circle: weekly / every 2 weeks / 2x month / monthly

Last 4 digits of Social Security # No Social Security Number

I certify that all information on this application is true and that all income is reported. I am aware that if I purposely give false information, my child will not be eligible to receive Title I support.

Printed name of adult completing form Signature of adult completing form Date

I understand, if my application is not approved due to program guidelines, I will not be eligible to submit another Title I Support Application unless my family is now a part of the Food Stamp or TANF assistance program.

Printed name of adult completing form Signature of adult completing form Date

 **Proof of income guidelines:**

\*Must submit proof of one month’s current income. Eligible income documents must be dated either the month before the Title I Support Application date or the month of the Title I Support Application date. Second submission will require income documents from May 2024 to

June 2024.

\*Income papers must show the name of the person who received the income, the date it was received, how much was received, and how often it was received.

**Acceptable papers include:**

**Jobs:** Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often they are paid; or if you work for yourself, business or farming papers, such as ledger or tax books.

**Social Security, Pensions, or Retirement:** Social Security retirement benefit letter, statement of benefits received, or pension award notice.

**Unemployment, Disability, or Worker’s Comp:** Notice of eligibility from State employment security office, check stub, or letter from Worker’s Compensation office.

**TANF Payments:** Benefit letter from your local Division of Family Resources Office.

**Child Support or Alimony:** Court decree, agreement, or copies of checks received.

**Other income (such as rental income):** Information that shows the amount of income received, how often it is received, and the date received.

**No income:** A brief note explaining how you provide food, clothing and housing for your household, and when you expect an income.

**Military Housing Privatization Initiative:** Letter or rental contract showing that your housing is part of the Military Housing Privatization Initiative.