



PAULDING EXEMPTED VILLAGE SCHOOLS

405 N Water St., Paulding, OH 45879

www.pauldingschools.org

419-399-4656

PRESCHOOL FINANCIAL ASSISTANCE

Financial assistance is available for preschool students.

The following guidelines will be used to determine your cost of tuition.

Please choose an option below including your child's name, date and your signature.

If you choose to apply, you must complete a financial application and submit proof of your family income.

Your cost of tuition must be determined before your child can begin the preschool program.

2022 Federal Poverty Income Guidelines for the USA Based on Family's ANNUAL Gross Income

Family Size	100% Poverty Level	125% Poverty Level	150% Poverty Level	175% Poverty Level	200% + Poverty Level
1	\$13,590	\$16,988	\$20,385	\$23,783	\$27,180
2	\$18,310	\$22,888	\$27,465	\$32,043	\$36,620
3	\$23,030	\$28,788	\$34,545	\$40,303	\$46,060
4	\$27,750	\$34,688	\$41,625	\$48,563	\$55,500
5	\$32,470	\$40,588	\$48,705	\$56,823	\$64,940
6	\$37,190	\$46,488	\$55,785	\$65,083	\$74,380
7	\$41,910	\$52,388	\$62,865	\$73,343	\$83,820
8	\$46,630	\$58,288	\$69,945	\$81,603	\$93,260

Preschool Tuition Sliding Fee Scale

(Effective 2022-2023 School Year)

If Your Yearly Gross Income Falls:

Your Tuition Will Be:

At or below 124% of the Poverty Level.....	Free
Between 125% and 149% of the Poverty Level.....	\$25
Between 150% and 174% of the Poverty Level.....	\$50
Between 175% and 199% of the Poverty Level.....	\$75
At 200% or Above.....	\$100

- ☐ I CHOOSE TO APPLY FOR PRESCHOOL FINANCIAL ASSISTANCE. I UNDERSTAND THAT I NEED TO COMPLETE A FINANCIAL APPLICATION AND PROVIDE PROOF OF INCOME.
- ☐ I DO NOT WISH TO APPLY FOR FINANCIAL ASSISTANCE AND/OR DISCLOSE MY FINANCIAL INFORMATION. I UNDERSTAND I WILL BE EXPECTED TO PAY FULL TUITION.

Parent Signature

Date

Child's Name

Board Approved Feb. 15, 2022



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405 N Water St., Paulding, OH 45879
419-399-4656

309 N First St., Oakwood, OH 45873
419-594-3346

Preschool ECE Financial Application

**How do I apply for
Early Childhood
Education Services?**

You will need to:

1. Complete the attached screening tool, JFS 00121.
2. Submit this form to your PEVS Elementary School office.
3. Call the Special Education & Preschool Services office with any questions
419-399-4656 ext. 1228

**How do I complete
this application?**

1. **Fill out this application:** Answer as many questions as you can.
2. **Be sure to sign the application.**
3. **Provide proof of income:** Verification of all money coming into your household. (such as pay stubs, tax records, child support, social security)
4. Verify any outgoing child support.

**When will I receive
assistance?**

You will be notified by PEVS Preschool Services when your child begins the preschool program.

**What is Step Up
To Quality?**

Step Up To Quality was created to help families identify early learning and development programs that go beyond the minimum standards of licensing. Star Rated programs demonstrate higher levels of quality in a variety of ways.

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

*This form is valid only for publicly funded child care when attached to a
JFS 01122 Publicly Funded Child Care Supplemental Application

Tell us about you (the applicant)				
First Name		Middle Initial	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)	Relationship to You (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					
		<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					

Tell us about your needs for your child(ren)

Child 1	Provider Name and Address	Child's Needs	What hours/days do you need services? (i.e. child care or preschool) Check all that apply
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____	<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			
Child 2	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) Check all that apply
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____	<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			
Child 3	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) Check all that apply
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____	<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			

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