

# **Momence Early Childhood Center Preschool Application**

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*Thank you for your interest in Momence School District's preschool programs. We are very excited to get to know you and your child.*

*Completion of this application does not guarantee placement in our program. Student acceptance and placement is ranked based on the child's need for our program or services.*

*This is determined upon review of this application and your child's abilities/ needs found during preschool screening. Screening appointments will not be made and application will not be reviewed until all of the required documents are submitted.*

***All applications must include a copy of the following or the application will not be accepted:***

- Application (attached)
- Notarized Proof of Residency form (attached)
- Child's Birth Certificate (courthouse copy, not hospital keepsake)
- Proof of income
  - Pay stubs (two most recent, consecutive)
  - Proof of WIC benefits
  - Proof of Supplemental Nutrition Assistance Program (SNAP) benefits
  - Proof of Temporary Assistance for Needy Families (TANF) enrollment
  - Proof of Supplemental Security Income (SSI) benefit
  - Proof the family receives Child Care Assistance Program (CCAP)
  - Tax return (most recent)
  - Wages and tax statement (most recent W-2)
  - Verification/letter from employer
  - Proof that parent is enrolled in Medicaid (a medical card with the child's name does not prove income eligibility).

***PLEASE REMEMBER – You will need to sign the Proof of Residency form in the presence of the Notary. DO not sign the form ahead of time!!!***

***Our next round of screening will occur on:***

***Appointments will be made between:***

***Please contact the Momence Early Childhood Center office with any questions. If you are unable to make your screening appointment, call prior to your appointment time so we are able to reschedule.***

***MECC Office 815-472-4045***

# Momence Early Childhood Center Preschool Application

**All applications must include a copy of the following or the application will not be accepted:**

- Child's Birth Certificate (courthouse copy, not hospital keepsake)
- Proof of income
- Notarized Proof of Residency form

## Child's Information

Child's Name: \_\_\_\_\_ First Name Child goes by: \_\_\_\_\_  
Last First Middle

Birthdate: \_\_\_\_\_ Sex: M / F Race: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_ (home or cell?)

How long has the family been at this address? \_\_\_\_\_ Session Preferred AM  PM

**Will the child have a regular daycare provider before or after school?**  No  Yes

Daycare provider's name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Family Information

Child Lives With:  Both Parents in household  Mother  Father  Shared Households

Other (please explain): \_\_\_\_\_

**Child's Mother:** \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Race: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Education Level: \_\_\_\_\_ Place of Employment /Training: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**Child's Father:** \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Race: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Education Level: \_\_\_\_\_ Place of Employment /Training: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Best contact email: \_\_\_\_\_

## List any other Adults or Guardians in the Household

\_\_\_\_\_  
Name Relationship to Child Phone

\_\_\_\_\_  
Name Relationship to Child Phone

\_\_\_\_\_  
Name Relationship to Child Phone

**CONTINUE ON BACK**

**List the Child's Siblings / Other Children in Household**

*(In box to left please mark who lives in the home with the child)*

\_\_\_\_\_  
Name                      Age      School Attending

\_\_\_\_\_  
Name                      Age      School Attending

\_\_\_\_\_  
Name                      Age      School Attending

\_\_\_\_\_  
Name                      Age      School Attending

\_\_\_\_\_  
Name                      Age      School Attending

\_\_\_\_\_  
Name                      Age      School Attending

List siblings who have been enrolled in Momence's preschool programs: \_\_\_\_\_

\_\_\_\_\_

**Child's Developmental and Medical Survey**

*Please check any that apply:*

- Visual impairment
- Hearing impairment
- Speech language impairment
- Child abuse/neglect history
- Premature birth
- Chronic illness: \_\_\_\_\_
- Received early intervention services
- Siblings in special education
- Parent in special education

Has the child received any diagnoses of any illnesses or impairments?     Yes     No

If yes, name of physician who diagnosed: \_\_\_\_\_ Age child was diagnosed: \_\_\_\_\_

Do you have any developmental concerns?

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

Do you have any behavioral concerns?

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

Do you have any speech or large/fine motor concerns?

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

Do you have any questions for our preschool staff that you would like answered prior to screening?

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

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**Name of person filling out application:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Proof of Residency for initial enrollment**

**Category 1 (one document required)**

Real Estate Tax Bill, Mortgage Papers, Signed Lease or Agreement of Sale

**Category 2 (two documents required)**

Voter Registration, Utility Bill (Gas, Electric, Landline Phone, Water), Home/Apartment Insurance Papers

A person seeking to enroll a Student should use this form as evidence of residency - other documents will also be required to establish residency. The School District reserves the right to evaluate the evidence presented; completing this form does not guarantee admission.

**To be completed by the individual enrolling the Student and returned to the Principal. Please print.**

_____	_____	_____
Name of Student	Date of Birth	
_____	_____	_____
Individual Enrolling the Student	School	
_____	_____	_____
Relationship to the Student	Home Telephone	
_____	_____	_____
Residence Street Address	City	Zip Code
_____	_____	_____
Signature of the Individual Enrolling the student	Date	

\*\*\*\*\*  
**To be completed and signed by the individual who is responsible for the residence. Please print.**  
\*\*\*\*\*

_____	_____
Name of individual who is responsible for the residence	Telephone

I am responsible for this residence by:  ownership  lease

**I certify that this information is true and that the individuals named above are living in my residence.**

_____	_____
Signature of the individual who is responsible for the residence	Date

**WARNING:** If a student is determined to be a nonresident of the District for whom tuition must be charged, the persons enrolling the student are liable for non-resident tuition from the date the student began attending a District school as a non-resident.  
A person who knowingly enrolls or attempts to enroll in this School District on a tuition-free basis a student known by that person to be a nonresident of the district is guilty of a Class C misdemeanor, except in very limited situations as defined in State law (105 ILCS 5/10-20.12b(e)).  
A person who knowingly or willfully presents to the School District any false information regarding the residency of a student for the purpose of enabling that student to attend any school in that district without the payment of a nonresident tuition charge is guilty of a Class C misdemeanor (105 ILCS 5/10-20.12b(f))

**Students**

**Exhibit - Letter of Residence from Landlord in Lieu of Lease**

A person seeking to enroll a child may use this form as evidence of residency when a signed lease is unavailable – other documents will also be required to establish residency. Return this completed form, signed by your landlord, to the Building Principal. The School District reserves the right to evaluate the evidence presented; completing this form does not guarantee admission.

**To be completed and signed by the individual enrolling the child and returned to the Principal. Please print.**

_____ Child		_____ School
_____ Individual enrolling the child		_____ Home Telephone
_____ Relationship to the child		
_____ Residence street address	_____ City	_____ Zip code
_____ Landlord's name		_____ Landlord's telephone
_____ Landlord's address	_____ City	_____ Zip code
_____ Signature of the individual enrolling the student		_____ Date

**To be signed by your landlord to verify that you are renting this residence.**

I certify that the individuals named above are living in the residence named above for the lease term of \_\_\_\_ / \_\_\_\_ /  
\_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

_____ Landlord's signature	_____ Date
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Subscribed and to before me this \_\_\_\_ day of \_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
**Notary Public**  
**(Not employed by MCUSD#1)**

**WARNING:** If a student is determined to be a nonresident of the District for whom tuition must be charged, the persons enrolling the student are liable for non-resident tuition from the date the student began attending a District school as a non-resident.

A person who knowingly enrolls or attempts to enroll in this School District on a tuition-free basis a student known by that person to be a nonresident of the district is guilty of a Class C misdemeanor, except in very limited situations as defined in State law (105 ILCS 5/10-20.12b(e)).

A person who knowingly or willfully presents to the School District any false information regarding the residency of a student for the purpose of enabling that student to attend any school in that district without the payment of a nonresident tuition charge is guilty of a Class C misdemeanor (105 ILCS 5/10-20.12b(f)).

**Students**

**Exhibit - Letter of Residence to Be Used When the Person Seeking to Enroll a Student Is Living with a District Resident**

A person seeking to enroll a child should use this form as evidence of residency when he or she cannot produce a lease, purchase property agreement, or other similar document – other documents will also be required to establish residency. The School District reserves the right to evaluate the evidence presented; completing this form does not guarantee admission.

**To be completed by the individual enrolling the child and returned to the Principal.**

**Please print**

Child _____	School _____
Individual enrolling the child _____	Home Telephone _____
Relationship to the child _____	
Residence street address _____	City _____ Zip code _____
Signature of the individual enrolling the student _____	Date _____

**To be completed and signed by the individual who is responsible for the residence. Please print.**

Name of the individual who is responsible for the residence _____	Telephone _____
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I am responsible for this residence by  ownership,  lease, or  other \_\_\_\_\_

Total number of: Persons living at this residence \_\_\_\_\_ Rooms in residence \_\_\_\_\_ Bedrooms \_\_\_\_\_

State the reasons for this living arrangement, including your relationship to the individual enrolling the child:  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that this information is true and that the individuals named above are living in my residence.**

Signature of the individual who is responsible for the residence _____	Date _____
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Subscribed and to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public  
(Not employed by MCUSD#1)

**WARNING:** If a student is determined to be a nonresident of the District for whom tuition must be charged, the persons enrolling the student are liable for non-resident tuition from the date the student began attending a District school as a non-resident.

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