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**PRESCHOOL TUITION ASSISTANCE AGREEMENT**  
**2018-2019**

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PRESCHOOL NAME: \_\_\_\_\_

COUNTY: \_\_\_\_\_

The following information is required for participation in the Early Childhood Iowa Lakes Region (ECI LR) Preschool Tuition Assistance Program. **Please return as soon as possible or by July 1, 2018 to Paulette Karolczak, Director, ECI Lakes Region, PO Box 146, Sheldon, IA 5121 or [pmkarolczak@gmail.com](mailto:pmkarolczak@gmail.com).** Thank you.

**QUALITY STANDARDS**

1. Identify all of the Quality Standards **already met** in order to receive preschool assistance funds:

*NAEYC/NAFCC accredited program (Circle One)*

*Head Start Performance Standards*

*Iowa Quality Preschool Program Standards (IQPPS) verified*

*Level 3, 4, or 5 on Iowa's Quality Rating System (QRS) (Circle one)*

2. Identify any or all of the Quality Standards that **will be met by the end of the new fiscal year – June 30, 2019** in order to receive preschool assistance funds (*required to meet one if none met in #1.*):

*NAEYC/NAFCC accredited program (Circle One)*

*Head Start Performance Standards*

*Iowa Quality Preschool Program Standards (IQPPS) verified*

*Level 3, 4, or 5 on Iowa's Quality Rating System (QRS) (Circle one)*

**3. TYPE OF SETTING**

School district-operated program

Statewide Voluntary Preschool program – Number of classrooms: \_\_\_\_\_

Private, for-profit program

Not-for-profit program

Head Start Program

Faith-based Programs



**OVER**

**EDUCATION LEVEL OF LEAD TEACHER (Total # of each)**

GED

High School Diploma

Child Development Associate (CDA)

Associates Degree in Early Childhood or Child Development

Associates Degree in related field: \_\_\_\_\_

Bachelor's Degree in Early Childhood or Child Development

Holds Teaching –License with EC endorsement, 100, 103,106

Post Graduate Degree: \_\_\_\_\_

**OTHER INFORMATION**

1. What is your licensed or registration capacity? \_\_\_\_\_
2. What curriculum do you use (must be researched or evidence based)? \_\_\_\_\_
3. Please tell us how you involve families:  
\_\_\_\_\_
4. What other funding sources are utilized for a child's tuition?  
\_\_\_\_\_
5. What assessment tool(s) is used to determine if children are demonstrating age-appropriate skills:  
\_\_\_\_\_

GOLD

Creative Curriculum

Brigance

Ages and Stages Questionnaire

Individual Growth and Development Indicators (IGDIs)

High Scope

Ireton Developmental Checklist

Saxon Math

Locally developed (Please describe)

## **PRESCHOOL AGREEMENT FORM**

**ALL** Preschools please fill out this form and return. For those interested in participating in the Early Childhood Iowa – Lakes Region Preschool Tuition Assistance Program, this form serves as your commitment to working with ECI LR throughout the July 1, 2018-June 30, 2019 school year & FY 19 for ECI LR.

### **ACCEPT PARTNERSHIP WITH ECI LR FOR PRESCHOOL TUITION ASSISTANCE PROGRAM**

We understand that this document serves as a binding agreement between Early Childhood Iowa - Lakes Region and \_\_\_\_\_ (preschool name). **We agree to complete all of the requirements listed in this agreement in order to remain eligible for the ECI LR Preschool Tuition Assistance Program throughout the 2018-2019 school year.** We understand that failing to complete these requirements may make us ineligible to receive preschool tuition assistance from Early Childhood Iowa - Lakes Region. We agree to send all required data and forms requested in this application by the dates set.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed, Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street & Mailing Address

\_\_\_\_\_  
Email Address

### **OPTION 2: DECLINE PARTNERSHIP WITH ECI LR FOR PRESCHOOL TUITION ASSISTANCE PROGRAM**

If you choose to decline this opportunity, we would like to know why and how we can better support your preschool children in the future. Please share your input below.

\_\_\_\_\_ Only serving children who have access to state-funded preschool (Shared Vision, SWVPP, Head Start)

\_\_\_\_\_ Do not meet the requirements of this program

\_\_\_\_\_ Do not serve preschoolers who meet the income requirements

\_\_\_\_\_ Have other funding methods for preschoolers in need of financial assistance

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Preschool Name & City

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Title

**THIS COMPLETED FORM SHOULD BE SUBMITTED TO THE**

**ADDRESS BELOW BY JULY 1, 2018**