



# EARLY CHILDHOOD IOWA LAKES REGION

Serving Clay, Dickinson, O'Brien, and Osceola Counties

## PRESCHOOL TUITION ASSISTANCE AGREEMENT 2019-2020

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, 2019 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**)
  - Level 1, 2, 3, 4, 5 on Quality Rating Improvement System (QRIS) (**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, 2020** 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)
  - Level 1, 2, 3, 4, 5 on Quality Rating Improvement System (QRIS) (**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 (ASQ)
  - 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, 2019-June 30, 2020 school year & FY19 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 2019-20 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, SWVP, Head Start)

- Please know that we can partner with half day SWVP & serve children on the Head Start waiting list.

\_\_\_\_\_ 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, 2019**