

Lakeview Community Schools Preschool Selection Criteria

Selection Criteria

Students are placed depending on verified needs, age, and residence.

1. Priority placement for resident students in the special education program who are currently on an IFSP or IEP.
2. Priority placement will be given to resident students "At-Risk":
 - a. "At Risk" includes:
 - i. Students with verified low birth weight (with physician statement).
 - ii. Students whose family income would qualify for Free and Reduced Lunches (income verification form based on *Free & Reduced School Meal Family Application*).
 - iii. Students of teenage parents who have not currently obtained a high school diploma.
 - iv. Students living in a home whose occupants have limited ability to speak and understand English.
3. Students four years of age (prior to 7/31 of the current year) qualifying as a resident
 - a. "Resident" includes students living within the Lakeview Community Schools District (LCS) boundaries.
4. Students three years of age (prior to 7/31 of the current year) qualifying as a resident
 - a. "Resident" includes students living within the Lakeview Community Schools District (LCS) boundaries.
5. LCS will consider option students for the preschool program at this time with the following criteria:
 - a. Option student with an older sibling currently enrolled at LCS through the Enrollment Option Program.
 - b. Son or daughter of LCS District Employee.
 - c. Students who were previously enrolled in the Lakeview Preschool Program.
 - d. Students who do not qualify as "at risk" or as "resident".

Submitting an application does not guarantee placement in the preschool program. Students will be placed by age according to the priority list.

Non-Resident Students

Non-resident students are welcome to submit an application to the Lakeview Preschool program. Parents who are considering this option need to understand the regulations for non-resident students and should visit with the superintendent or the elementary principal before making a final decision. All students will be placed according to the priority placement list.

Enrollment Criteria

1. Valid birth certificate
2. Up-to-Date Immunization record. Nebraska State law dictates that immunization records must be presented at the time of enrollment or that student cannot be enrolled.
3. All students must be potty-trained before attending preschool, unless otherwise stated in an IEP.
4. Free/Reduced Family Application, if applicable.

Applications will not be accepted without all documents.

Summary of School Immunization Rules and Regulations 2021-22

Student Age Group	Required Vaccines
Ages 2 through 5 years enrolled in a school based program not licensed as a child care provider	4 doses of DTaP, DTP, or DT vaccine, 3 doses of Polio vaccine, 3 doses of Hib vaccine or 1 dose of Hib given at or after 15 months of age, *Hib not required after child reaches 5 yrs of age 3 doses of pediatric Hepatitis B vaccine, 1 dose of MMR or MMRV given on or after 12 months of age, 1 dose of varicella (chickenpox) or MMRV given on or after 12 months of age, written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted. 4 doses of pneumococcal or 1 dose of pneumococcal given on or after 15 months of age *Pneumococcal not required after child reaches 5 yrs of age

Lakeview Preschool Miscellaneous Info

School Hours: Snack and lunch are offered daily.

Monday through Thursday:

Session 1: 8:00 - 11:30

Session 2: 12:00 - 3:30

No Preschool on Fridays

Tuition and Fees:

Tuition:

Student Tuition Rate: \$30.00/ month

Student on IFSP/ IEP: FREE

Students who qualify for free meals: FREE

Students who qualify for reduced meals: \$15.00/ month

*Free/ Reduced lunch application available upon request.

Lunch:

Family is responsible for lunch fees. Family may fill out free/ reduced lunch application to see if they qualify for free or reduced rate.

Snack:

Each session is provided a snack.

2022-2023 Lakeview Community Preschool Application

One application per child. Only a parent/legal guardian may submit the application.

Applications Due by Friday, March 11, 2022

***Applications will not be accepted without a copy of immunization record and copy of a valid birth certificate.**

Student Information

Last Name: _____ First Name: _____

Date of Birth: _____ Social Security Number _____

Gender: Male Female

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: White Asian Black or African American American Indian or Alaska Native
Other: _____

Primary Language: English Spanish Other: _____

Has your child previously been enrolled in a Preschool? Yes No
*If Yes, where? _____

Preferred Preschool Session for 2020-21 (Rank 1-2 below):

- _____ Platte Center AM (combination of 3 and 4 yr olds)
- _____ Platte Center PM (prekindergarten program- preferably four year olds)
- _____ Shell Creek AM (combination of 3 and 4 year olds)
- _____ Shell Creek PM (prekindergarten program- preferably four year olds)

Has your child received Early Intervention Services in the home or a center?	Yes	No
Is your child in the process of being evaluated for special education services?	Yes	No
Does your child have an Individualized Education Program (IEP or IFSP)?	Yes	No
Was your child born prematurely and can be verified by a physician?	Yes	No
Does your child qualify for the Free and Reduced lunch program?	Yes	No
Does the child currently have a teenage parent who has not obtained a high school diploma?	Yes	No

Parent Information

Parent: Last Name: _____ First Name _____

Mailing Address:

Street Address City State Zip Code

Phone: _____ Email Address: _____

Parent: Last Name: _____ First Name: _____

Mailing Address:

Street Address City State Zip Code

Phone: _____ Email Address: _____

Anticipated Kindergarten Year

Anticipated year your child will attend Kindergarten	2023-24	2024-25
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Parent/Guardian Signature

I certify that all the above information is true and correct. Any deliberate misrepresentation of the information will result in the child being withdrawn from the program.

Signature: _____ Date: _____