Newton Community Preschool 2024-2025

Applications are available starting February 6, 2024 from the Newton Administration office, Thomas Jefferson Elementary, Newton YMCA, or on our website, [www.newtoncsd.org](http://www.newtoncsd.org/).

Newton Community Preschool provides a 4-year-old program for students that turn 4 on or before September 15, 2024. There is no monthly tuition fee for this program as it is funded by the State of Iowa. All school supplies except for a back pack are provided by the school district. Please feel free to provide a back pack for your child.

To enroll, follow the steps below:

Step #1: Complete the attached application. Preference for AM or PM will be given on a first come, first served basis for the Thomas Jefferson and YMCA locations.

Step #2: Bring, email, or mail the following to Newton Community School District

* the 2024-2025 Application
* a current immunization record
* a copy of your child’s birth certificate/proof of age
* documentation of health insurance for your child
* Proof of residency (driver’s license or utility bill with current address)

Newton Administration office is located at 1302 1st Ave W, or you can email the forms to robertsonm@newtoncsd.org.

Step #3: After a **complete application packet** is received, Central Office will notify you by email within 2- weeks when you are accepted into the program. There might be an exception to the 2-week notification if the application is turned in after August 1, 2024. Once you are accepted into the program, there will be additional online registration to complete prior to your child starting school. ***Applications will not be considered complete unless all 5 of the documents listed in Step #2 are received.***

***Applications will NOT be accepted at any elementary in the district.***

If you have any questions, please contact Melinda Robertson, at 641.792.5809 Opt.1 then Opt 2 or robertsonm@newtoncsd.org.

1302 1st Ave W, Newton, Iowa 50208 Telephone: 641.792.5809 Fax: 844-494-8063

**Newton Community Preschool Application 2024-2025**

**(the child must turn 4 on or before September 15, 2024)**

Our preschool is working very hard to meet the needs of the families in our program. To help us do that, please complete this application form and return.

**APPLICATION IS NOT CONSIDERED COMPLETE UNTILTHIS APPLICATION AND ALL 4 ADDITIONAL DOCUMENTS ARE SUBMITTED.**

* Current Immunization Record
* Copy of Child’s Birth Certificate/Proof of age
* Proof of Health Insurance for Child \*(State requirement)
* Proof of Residency

Child’s name: Child’s Birth date:

Male/Female/Other/Prefer Not to Disclose (Please Circle Choice)

Parent/Guardian Names: Phone:

Email Address:

Address House number/Street Town State Zip

Please circle your **preference** for either of our session: **A.M. or P.M. No Preference**

The session preference is on a first come first served basis.

Does your child plan on attending the Newton YMCA wrap-around care at the Newton YMCA? Yes No To learn more about the Newton YMCA wrap-around care please contact the YMCA at 641-792-7021

or Serenity.Bookout@newtonymca.org https://[www.newtonymca.org/full-day-care.html](http://www.newtonymca.org/full-day-care.html)

**Please sign your name** below and return the form to Melinda Robertson at the Newton Administration Office. The office is located at 1302 1st Ave W or you can scan and email the documents to robertsonm@newtoncsd.org. After a **complete application packet** is received, we will notify you by email within 2- weeks if you are accepted into the program. There might be an exception to the 2-week notification if the application is turned in after August 1, 2024. Once you are accepted into the program, there will be additional online registration to complete prior to your child starting school.

**I agree** to provide transportation for my child to their preschool attendance center each day and ensure that my child will have regular attendance at preschool. **I understand** that regular attendance is essential for my child’s development in reading, math, writing, social- emotional and communication skills. Please Initial here if you agree to the statement above

Signature of Parent/Guardian Completing Form Printed Name of Parent/Guardian Completing Form Date