



Sterling Community School

251 Sterling Road
Sterling, CT 06377

*Our mission is to foster a safe and
engaging learning environment*

Telephone: (860) 564-2728
Fax: (860) 564-1989

Heather Nickerson, Interim Principal
Laura Smith, Clinical Supervisor

Dear Pre-School Parents,

For the past several years, Sterling Community School has been awarded a Readiness Grant. Because of this very competitive grant, the majority of expenses for our Pre-School program are paid for with grant funds – with very little town budget money being used to support our Pre-School program.

One of the requirements we must maintain for the grant program is documentation of household income. **Families will NOT need to pay for Pre-School**, but we are required to submit to the State Department of Education specific documentation for our Pre-School families, including total household income and information about household members.

Therefore, along with Pre-School registration paperwork, we require each family to submit proof of income for anyone 18 or older. Below are the options for meeting that requirement:

1) **Submit 4 consecutive weeks' worth of your most recent pay statements**

(If you are paid weekly, that would be the last 4 pay stubs.

If you are paid every 2 weeks, that would be the last 2 pay stubs

If you are paid once per month, that would be your most recent pay stub)

2) **If you are self-employed**, we need one of the following from the **most recent** tax return:

• **Schedule C** from IRS Form 1040 OR

• **Form 1065**

3) **ALL households** must include proof of income for the items below *for anyone 18 or older*:

- Rental income
- Foster Care income
- Pensions
- Unemployment
- Social Security / SSI
- Veterans Benefits
- Alimony
- Workers Comp

NOTE: We do NOT need to report income from Child Support

Please contact me if you have any questions or concerns.

Sincerely,
Jean Congdon

Jean Congdon

Administrative Assistant – Special Services Department
Sterling Community School
(860) 564-2720
Email: JCongdon@sterlingschool.org

INCOME VERIFICATION FORM

Please attach a month of current pay stubs for everyone in your household.
Please include verification of all other income.

Name of Child

Date of Birth

Age

OTHER CHILDREN: If this child, living with your family, is a legal ward of the State of Connecticut, check here _____.
Indicate monthly income from state stipend received for this child \$ _____. Other income of or for this child \$ _____.

Part 1 – HOUSEHOLD RECEIVING TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

If you are NOW receiving TANF for this child, insert the TANF case number below. The application must have the signature of an adult household member.

____ Yes, I received TANF for this child this month. TANF Case Number: _____

Part 2 – ALL

HOUSEHOLD MEMBERS:

List the names of everyone living in your household; include yourself and the child listed above. If you need more space, use a separate sheet of paper.

SOCIAL SECURITY NUMBER:

Print the social security number of either the parent or guardian who is the primary wage earner or the adult household member who signs the application. If neither adult has a social security number, print "none".

INCOME:

List all income received last month on the same line with the person who received it. You must list gross income BEFORE deductions for taxes, social security, etc. List each amount under the correct title.

LIST ALL HOUSEHOLD MEMBERS BELOW:

Name (Last, First)	Age	Social Security Number	Monthly Earnings from Work (Before Deductions)	Monthly Welfare Payments Child Support Alimony**	Monthly Payments from Pensions Retirement Social Security**	All other Income Received Last Month

** Please explain: _____

Total Number of Adults and Children in Household _____

PENALTIES FOR MISREPRESENTATION: I certify that all the above information is true and correct, and that all income is reported. I understand that program officials may verify information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. An adult must sign the application before it can be approved.

Signature: _____
Signature of Adult
Home Address

Date Signed
Home Telephone
Work Telephone
Cell Phone

PRESCHOOL FAMILY ENROLLMENT FORM

(Please Complete for all Household Members)

A. Family Profile Enrollment Date: _____ (Initial Program Enrollment: _____ for office use)

Name: First/Last (Line 1 = Primary Contact)	Sex (M) (F)	Primary Language	Relationship to Primary Contact	Birth Date	Ethnicity	School or Employer	Last Grade Completed	(Services)
1								
2								
3								
4								
5								
6								
7								
8								

B. Address: Street: _____ Town: _____ State: _____ Zip: _____

C. Home Phone: _____ Cell: _____ Email Address: _____

D. Language used Most in Home: English Spanish Other (Specify) _____

E. Family Ethnicity: Asian/Pacific Islander American Indian/Alaska Native Hispanic
 African American White Other (Specify) _____

F. Household Annual Income Range: Below \$20,000 \$20,001-\$30,000 \$30,001-\$40,000
 \$40,001-\$50,000 \$50,001-\$60,000 Over \$60,000

G. How did you hear about the Preschool: Newspaper Friend/Neighbor Called for Info-Referral
 Relative School Publicity Referred by State Agency
 Referred by Child Care Provider Other (Specify) _____

H. Are you Interested in completing your own education?

Do you need information and assistance in this area? Yes No