Rhode Island Pre-Kindergarten Program
2019-2020 Application
(Accepted through July 5, 2019)

The RI Pre-K Program is accepting applications from families with four year olds living in one of eleven eligible communities, including Central Falls, Cranston, East Providence, Johnston, Newport, North Providence, Pawtucket, Providence, Warwick, West Warwick, and Woonsocket. To find out more information about the RI Pre-K Program, please visit the RIDE Pre-K Programs Website.

The 2019 – 2020 RI Pre-Kindergarten Program sites are:

**In Central Falls:**
Central Falls School District
Captain Hunt School (4 Classrooms)
12 Kendall Street
Central Falls, RI 02863
727-7720 (applications also available at Ella Risk Elementary School, 949 Dexter Street, Lower Level)

Central Falls School District
Margaret I. Robertson Elementary School (1 Classroom)
135 Hunt Street
Central Falls, RI 02863

**In Cranston:**
Comprehensive Community Action Program (CCAP) – (2 Classrooms)
848 Atwood Avenue
Cranston, RI 02920
427-4060

The Children’s Workshop (1 Classroom)
546 Budlong Road
Cranston, RI 02920
228-3317

Cranston Public Schools Arlington Elementary School (1 Classroom)
155 Princess Ave.
Cranston, RI 02920
270-8179
https://exceed.ri.gov/pages/families/Search/FamilySearchResults.aspx

**In East Providence:**
East Bay Community Action Program (1 Classroom)
70 Turner Avenue
Riverside, RI 02915
649-4233 Ext 100
https://exceed.ri.gov/pages/families/Search/FamilySearchSummary.aspx?ProgramID=204

East Providence School Department
Martin Middle School (5 classrooms)
111 Brown Street
East Providence, RI 02914
435-7500 Ext. 30034

**In Newport:**
East Bay Community Action Program (2 Classrooms)
8 John H. Chafee Blvd.
Newport, RI 02840
367-2001
https://exceed.ri.gov/pages/families/Search/FamilySearchSummary.aspx?ProgramID=201

**In Providence:**
Beautiful Beginnings (2 Classrooms)
700 Elmwood Avenue
Oldham School (2 classrooms)
60 Bart Drive
East Providence, RI 02915
435-7500 Ext. 30034
(Applications available at Admin. Offices, 145 Taunton Ave.)

In Johnston:
Graniteville School (1 Classroom)
6 Collins Avenue
Johnston, RI 02919
231-8790

In North Providence:
Tri-Town Community Action Agency (1 Classroom)
Tri-Town Head Start
79 Waterman Avenue
North Providence, RI 02911
519-1979

In Pawtucket:
Ready to Learn/Heritage Park YMCA Early Learning Center (2 Classrooms)
333 Roosevelt Avenue
Pawtucket, RI 02860
727-7050

Pawtucket School Department (3 Classrooms)
Fallon Memorial School
62 Lincoln Avenue
Pawtucket, RI 02861
729-6300 or 729-6365
(applications available at 286 Main Street)

Children's Friend and Service, Dean Center (1 Classroom)
13 Legion Drive
Pawtucket, RI 02860
721-9209

In Woonsocket:
Providence, RI 02907
785-8485

Children's Friend and Service, Berkshire (2 Classrooms)
99 Berkshire Street
Providence, RI 02908
721-9209

Children's Friend and Service, Friendship Center (3 Classrooms)
350 Point Street
Providence, RI 02903
721-9209

Children's Friend and Service, Hartford Center (1 Classroom)
550 Hartford Avenue
Providence, RI 02909
721-9209

Genesis Center (1 Classroom)
620 Potters Avenue
Providence, RI 02907
781-6110

Imagine Preschool (3 Classrooms)
520 Hope Street
Providence, RI 02906
276-6129

Meeting Street (2 Classrooms)
1000 Eddy Street
Providence, RI 02905
533-9100

Ready to Learn Providence @ CCRI Liston Campus (1 Classroom)
1 Hilton Street Room 1212
Providence, RI 02905
490-9960 (Applications available at 945 Westminster Street, Providence)

Smith Hill Early Childhood Learning Center
Connecting for Children and Families Child Care Center (2 Classrooms)
46 Hope Street
Woonsocket, RI 02895
766-3384

Woonsocket Head Start
Child Development Association (4 Classrooms)
204 Warwick St.
Woonsocket, RI 02895
769-1850

YWCA Rhode Island (1 Classroom)
514 Blackstone Street
Woonsocket, RI 02895
769-7450

For your respective community, please rank in order your preference of programs within your community (a maximum of three preferences are allotted):

1.
2.
3.

To apply online you may visit
https://www3.ride.ri.gov/PKLottery or use the QR code below:
To be eligible for enrollment, children must:

- turn 4 years of age on or before September 1, 2019; and
- live in the community in which the Pre-K program is located.

PLEASE NOTE: A copy of birth certificate, proof of residency, and proof of family total income will be required upon enrollment. Family total income must be verified to match what is reported in this application in order for child enrollment to be completed.

Total family income is defined as: gross cash income (income before taxes or deductions) and includes earned income, military income (including pay and allowances), veterans’ benefits, Social Security benefits, unemployment compensation, and public assistance benefits.

Verification of all these elements may impact eligibility for the program, even if selected through the state supervised-lottery. As a result, please ensure all information is accurate before submitting an application.

Each classroom will enroll 18 to 20 children. Children will be assigned to classrooms in their community of residence either randomly through the lottery, or in order, based on a waitlist. When completing an application for communities that have more than one program choice, families must prioritize their top 3 choices. If selected, you will either have the option of accepting that slot, or being added to the waitlist for another program.

Completed applications should be returned to the program of choice. Please do not submit applications to the Department of Education. Only one application per site will be accepted. Applications will be accepted through July 5, 2019.

If you have questions, please contact RI State Pre-K at RlPre-K@ride.ri.gov or call 401-222-8184
Rhode Island Pre-Kindergarten Program
2019-20 APPLICATION
(By close of business July 5th deliver this application to the Pre-K program of your choice.

<table>
<thead>
<tr>
<th>CHILD’S FULL NAME:</th>
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<tbody>
<tr>
<td>First Name: ____________________________</td>
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<tr>
<td>Middle Name: ____________________________</td>
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<td>Last Name: ____________________________</td>
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<tr>
<th>CHILD’S HOME ADDRESS:</th>
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<tbody>
<tr>
<td>Street Address/Apt. #: ____________________________</td>
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<tr>
<td>City, State, Zip: ____________________________</td>
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<th>CHILD’S DATE OF BIRTH:</th>
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<tr>
<th>CHILD’S GENDER:</th>
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<tbody>
<tr>
<td>☐ Male</td>
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<td>☐ Female</td>
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<tr>
<th>GUARDIAN/PARENT INFORMATION:</th>
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<tr>
<td>Relationship to the child: __________________________________________</td>
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<tr>
<td>First Name: ____________________________</td>
</tr>
<tr>
<td>Last Name: ____________________________</td>
</tr>
<tr>
<td>Street Address/Apt. #: ____________________________</td>
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<tr>
<td>City, State, Zip: ____________________________</td>
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<tr>
<td>Telephone: ______ - ______ - ______ EMAIL: ____________________________</td>
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<th>ALTERNATE CONTACT INFORMATION (IF GUARDIAN/PARENT CAN’T BE REACHED):</th>
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<tr>
<td>Relationship to the child: __________________________________________</td>
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<tr>
<td>First Name: ____________________________</td>
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<tr>
<td>Last Name: ____________________________</td>
</tr>
<tr>
<td>Street Address/Apt. #: ____________________________</td>
</tr>
<tr>
<td>City, State, Zip: ____________________________</td>
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Child’s Race/Ethnicity (Select all that apply)

- White
- Hispanic
- African American
- Asian
- Native American or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Other

What language(s) are spoken in the home? (Select all that apply)

- English
- Spanish
- Portuguese
- Mandarin
- French
- Other: (Please Indicate) ________________________________
HOUSEHOLD INFORMATION:
Part 1:
Is the child(ren) for which you are applying in foster care?
Yes ☐
No ☐

Does any member of the child’s household receive SNAP benefits, or RI Works (RIW) Cash Assistance? If selected by the lottery for enrollment, you will be required to submit documentation (letter verifying eligibility/benefits) that is dated to include the period during/date on which this application was submitted.

Yes ☐
No ☐
Prefer not to answer ☐

Part 2:
What is the number of people in your household? ___________
How many are over 18? ________

What is your average monthly household income at the time of this application? This information will be verified if child is enrolled. To determine your gross monthly income, use the worksheet provided. When calculating your income, total all of the following sources: gross cash income (income before taxes or deductions) including earned income, military income (including pay and allowances), veterans’ benefits, Social Security benefits, unemployment compensation, and public assistance benefits.

☐ $2,607 or below ☐ $2,608 - $3,288 ☐ $3,289 - $3,970
☐ $3,971- $4,651 ☐ $4,652- $5,333 ☐ $5,334- $6,014
☐ $6,015- $6,695 ☐ $6,696-$7,377 ☐ $7,378 or above

Please check the boxes and sign below to document that you have read and understand the following statements:

☐ I attest that the information provided above is correct and I understand that filing documents containing false information with the government is illegal. (RIGL 11-18-1).

☐ I understand that my family total income must be verified to match what is reported in this application in order for child enrollment to be completed.

☐ I understand that I commit to my child’s participation for the duration of the program, and will work to drop off and pick up at the appropriately scheduled times. In the event that I need before and/or afterschool services, these will be available for a fee.

☐ I understand that if my child is chosen for the state Pre-K program, I am responsible for providing regular transportation to and from the program which ensures my child’s attendance each day. If my child is absent for unexcused reasons
(including family vacations, unexcused sick days, or personal family matters) for 20 or more school days, I understand that my child will likely lose their slot in the state Pre-K program and it will be given to the next child on the state Pre-K enrollment list.

I confirm that I can be reached at the phone numbers/emails listed in this application from July 1 – September 1, 2019 if my child is chosen in the state lottery to participate in the state Pre-K program.

Guardian/Parent Signature ____________________________________________

Date ____________________________