Rhode Island Pre-Kindergarten Program
2017-2018 Application
(Accepted through July 1, 2017)

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 2017 – 2018 RI Pre-Kindergarten Program sites are:

In Central Falls:

Central Falls School District
Captain Hunt School (2 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 (2 Classrooms)
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

In Newport:

East Bay Community Action Program (1 Classroom)
70 Turner Avenue
Riverside, RI 02915
649-4233 Ext 100

East Bay Community Action Program at the Pell Annex of the John F. Kennedy School – (1 Classroom) temporary location; program will be for Newport residents only)
740 West Main Rd.
Middletown, RI 02842
314-7292 (applications available at EBCAP Head Start, 8 John Chafee Blvd)
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
2204 Mineral Spring Avenue
North Providence, RI 02911
519-1926

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 Providence:

Beautiful Beginnings (2 Classrooms)
700 Elmwood Avenue
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 (2 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

Imagine Preschool (3 Classrooms)
520 Hope Street
Providence, RI 02906
825-1152

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

Providence School Department (1 Classroom)
Dr. Martin Luther King, Jr. Elementary School
35 Camp Street
Providence, RI
456-9398

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 (5 Classrooms)
25 Danforth Street
Providence, RI 02908
455-3890

The Mariposa Center Pre-K (1 Classroom)
One Corliss Avenue
Providence, RI 02905
In Woonsocket:

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:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

In Warwick

CHILD, Inc. (2 Classrooms)
160 Draper Avenue
Warwick, RI 02888
732-5200

In West Warwick:

Academy for Little Children (1 Classroom)
10 James P Murphy Ind Hwy
West Warwick, RI 02893
823-5000

CHILD, Inc. (3 Classrooms)
28 Payan Street
West Warwick, RI 02889
828-2888

228-8702 (Applications available at 550 Branch Ave, Providence)
To be eligible for enrollment, children must:

- turn 4 years of age on or before September 1, 2017; 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 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 1, 2017.

If you have questions, please contact Rolanda Depina-Alves at Rolanda.Depina-Alves@ride.ri.gov or 222-8184
Rhode Island Pre-Kindergarten Program
2017-18 APPLICATION
(By July 1st deliver this application to the Pre-K program of your choice.)

CHILD’S FULL NAME:
First Name: ________________________________________________
Middle Name: ______________________________________________
Last Name: _________________________________________________

CHILD’S HOME ADDRESS:
Street Address/Apt. # _______________________________________
City, State, Zip ______________________________________________

CHILD’S DATE OF BIRTH: _______________________________________

CHILD’S GENDER: ☐ Male ☐ Female

GUARDIAN/PARENT INFORMATION:
Relationship to the child: _______________________________________
First Name: _________________________________________________
Last Name: _________________________________________________
Street Address/Apt. # _______________________________________
City, State, Zip ______________________________________________
Telephone: ______-_____-________ EMAIL: _______________________

ALTERNATE CONTACT INFORMATION (IF GUARDIAN/PARENT CAN’T BE REACHED):
Relationship to the child: _______________________________________
First Name: _________________________________________________
Last Name: _________________________________________________
Street Address/Apt. # _______________________________________
City, State, Zip ______________________________________________
TELEPHONE: ______-_____-________ EMAIL: _______________________

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:

What is the number of people in your household? _____________________

How many are over 18? _______ How many are under 18? _____

What is your monthly household income? This information will be verified if child is enrolled. To determine your monthly income total all of the following income 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. If helpful, please find a worksheet at the end of this application which can help you calculate this information.

________________________________________________________________________

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 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) 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 June 30 – July 15, 2017 if my child is chosen in the state lottery to participate in the state Pre-K program.

Guardian/Parent Signature

________________________________________________________________________

Date ____________________________
Child Trends is studying Rhode Island’s State Pre-K to understand its impact on children. They are asking permission for your child to participate in their study. Your decision about whether to participate will not affect the likelihood that your child will get a spot in State Pre-K. You are eligible for the study whether your child enrolls in pre-K or not.

If you agree, a member of the Child Trends team will spend about 30-45 minutes with your child doing some activities including naming letters, identifying pictures, and counting objects. These activities will take place three times: fall of 2017, spring of 2018, and winter of 2018-2019. These activities will take place at your child’s pre-K program, other child care arrangement, school, or your home. As a thank you, Child Trends will give your child a book each time he or she participates.

In addition, they will ask your child’s teacher to complete a survey about your child at each of these times. As part of the study, we will also share some demographic information with them about your child. Your child’s participation is voluntary. If you agree now, you can change your mind at any time.

Child Trends will keep any information they collect from your child or your child’s program confidential. If the Child Trends team witnesses evidence of child abuse or neglect, they are required by law to report it.

If you have any questions or concerns, you may contact Ms. Amy Blasberg (240-223-9240 or ablasberg@childtrends.org) or the committee who reviewed and approved this study (855-288-3506 or irbparticipant@childtrends.org).

Please select an option from below:

☐ I agree for my child to participate.
☐ I would like to be contacted by Child Trends with more details about the study.
☐ I do not agree for my child to participate.
Two Steps to Calculate Your Total Gross Monthly Income*

Step #1: determine your gross monthly earned income

If you are paid hourly

$ __________ x __________ x 52 weeks | 12 months = $ __________

(hourly rate of pay) (average # of hours you work in 1 week) (gross monthly earned income)

If you are paid weekly

$ __________ x 52 weeks | 12 months = $ __________

(pay before deductions) (gross monthly earned income)

If you are paid bi-weekly

$ __________ x 26 | 12 months = $ __________

(pay before deductions) (gross monthly earned income)

If you are paid twice a month

$ __________ x 24 | 12 months = $ __________

(pay before deductions) (gross monthly earned income)

If you are paid monthly $ __________

(gross monthly income)

If you are not paid regularly

$ __________ | 12 months = $ __________

(income from last year’s tax return before deductions)

Step #2: determine other gross monthly income

Other gross monthly income = $ __________

(spouse’s monthly income, second job, regular overtime, public assistance, child support, pension, Social Security, other)

Total Gross Monthly Income = $ __________

(Add gross monthly earned income to other gross monthly income)

*Guidance downloaded from NeighborWorks America on March 1, 2016