



Sarah Kuhlemeier
 Early Childhood Coordinator
 27 S. State Ave.
 Freeport, IL 61032
 815-599-1408



Early
 Learning
 Academy

As a requirement of the Preschool for All program funded by the Illinois State Board of Education, the following information is requested to be verified by the serving school district upon enrollment in preschool.

Child's Name	Birthdate

Please list all persons living in the household, and their relationship with the child listed above.

Person	Relationship

Please check the box the best fits your family structure:

	Both parents in the home
	Single parent family
	Lives with an adult other than parent or guardian
	Youth in care (DCFS)
	Parents have joint custody

I _____ verify, that the above information is true and correct.

 Signature

 Date



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Preschool for All is a need-based program and as such, the serving school district is required to **verify and copy** physical proof of your household income based on the following federal guidelines, using 1 or more of the following sources:

Family/Household Size	50%	100%	200%	400%	Over 400%
1	\$6030 or ↓	6031 - 12060	12061 - 24120	24121 - 48240	\$48241 or ↑
2	\$8120 or ↓	8121 - 16240	16241 - 32480	32481 - 64960	\$64961 or ↑
3	\$10210 or ↓	10211-20420	20421- 40840	40841- 81680	\$81681 or ↑
4	\$12300 or ↓	12301-24600	24601- 49200	49201- 98400	\$98401 or ↑
5	\$14390 or ↓	14391-28780	28781- 57560	57561-115120	\$115121 or ↑
6	\$16480 or ↓	16481-32960	32961- 65920	65921-131840	\$131841 or ↑
7	\$18570 or ↓	18571-37140	37141- 74280	74281-148560	\$148561 or ↑
8	\$20660 or ↓	20661-41320	41321- 82640	82641-165280	\$165281 or ↑
9	\$24840 or ↓	22751-45500	45501- 91001	91001-182000	\$182001 or ↑

(Staff Please indicate the income level above by circling, and initial and date on the chart below.)

Verified By & Date	Type of Documentation
	2 Most Recent Pay Stubs, Consecutive
	Tax Return (Most Recent)
	Wages and Tax Statement (Most Recent W-2)
	Verification Letter of Wages from Employer
	Signed written statement from the family verifying no income

I _____ verify, that the above information is
Parent/Guardian
 true and correct. I understand that if my Family or Household income exceeds the above listed amounts, my child may not qualify for Preschool for All unless other needs are indicated during the screening process.

 Signature

 Date