

2020-2021

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# Preschool Entry Forms

- Information sheet
- Current immunizations
  - Western Community Health Resources 308-432-8979
- Certified birth certificate
  - Nebraska Department of Health & Human Services
  - Division of Public Health Vital Records
  - P.O. Box 95065
  - Lincoln, NE 68509-5065      Phone: (402) 471-2871
  - E-mail: [DHHS.VitalRecords@nebraska.gov](mailto:DHHS.VitalRecords@nebraska.gov)

## Preschool Supply List

- ☐ 1 regular backpack, labeled with student's name
- ☐ Gym shoes with non-marking soles
- ☐ Extra change of clothing (labeled)
- ☐ 1 composition notebook
- ☐ 1 3 ring binder

Your name(s):

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Phone number:

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Child's name:

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Child's Birthdate and age:

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Any other important info:

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# Hay Springs Early Childhood Program

Program Year \_\_\_\_\_

## Child Information

Name : \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: Male Female Ethnicity: \_\_\_\_\_

Physical Address \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Parent Information

Primary Parent \_\_\_\_\_ relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

### Phone Numbers

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Secondary Parent \_\_\_\_\_ relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

### Phone Numbers

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## Emergency Contact Numbers

Name \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_

## Health Concerns/Special Needs (allergies, suspected or diagnosed disabilities):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

U.S. DEPARTMENT OF EDUCATION  
OFFICE OF INDIAN EDUCATION  
WASHINGTON, DC 20202

**TITLE VII STUDENT ELIGIBILITY CERTIFICATION**  
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

**Parents: Please return this completed form to your child's school.** In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

*Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.*

NAME OF CHILD \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(As shown on school enrollment records)

School Name \_\_\_\_\_ Grade \_\_\_\_\_

NAME OF TRIBE, BAND OR GROUP \_\_\_\_\_

Tribe, Band or Group is: (check one)

<input type="checkbox"/> Federally Recognized, Including Alaska Native	<input type="checkbox"/> State Recognized	<input type="checkbox"/> Terminated	<input type="checkbox"/> Organized Indian Group Meeting #5 of the Definition Above
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Name of individual with tribal membership: \_\_\_\_\_

Individual named is (check one): ☐ Child ☐ Child's Parent ☐ Child's  
Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) \_\_\_\_\_ **OR**

Other (explain) \_\_\_\_\_

Name and address of organization maintaining membership data for the tribe, band or group:

\_\_\_\_\_

I verify that the information provided above is accurate:

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Notice: Public Reporting Burden Notice on Reverse Side



Signature of Verifying Official:

Date Verified:

**Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.**

<b>FEDERAL INCOME CHART</b> for School Year 2019-20					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	23,107	1,926	963	889	445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
Each additional person:	8,177	682	341	315	158

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health and nutrition programs to help them evaluate, fund or determine benefits for their programs, auditors for program reviews and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

**Return Completed Application to:**

Hay Springs Public Schools

**Part 1: Children in School**

List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name)

Check box below if a foster child

Name of School Child Attends

Grade

**Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits**

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR:

(Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

**Part 3: Total Household Gross Income – You must tell us how much and how often.**

**1. Household Members**

List **everyone** in the household, current income each person earns in **whole dollars** (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's **personal** use income must be listed.

**2. Gross Income (before taxes) and How Often it was Received**

Earnings from Work before deductions

Public Assistance, Child Support, Alimony

Pensions, Retirement and All Other Income

Income

How often

Income

How often

Income

How often

Total Number of Household Members: (Children and Adults)

Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – \_\_\_\_\_

Check if no SSN ☐

**Part 4: Adult Signature and Contact Information – An adult household member must sign the application.**

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under applicable State and Federal laws."

Sign here:

Print name:

Date:

Street Address (if available):

Zip:

Daytime Phone:

**Part 5: Children's Ethnic and Racial Identities – Optional**

**Check one Ethnic Identity:**

– and –

**Check one or more Racial Identities:**

☐ Hispanic or Latino

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ Not Hispanic or Latino

☐ White

☐ American Indian or Alaskan Native

**Do Not Fill Out the Section Below - For School Use Only**

Annual Income Conversion:

Weekly X 52;

Every 2 weeks X 26;

Twice a month X 24;

Monthly X 12

Total Household Size: \_\_\_\_\_

Total Income: \_\_\_\_\_ per

☐ Year ☐ Month ☐ 2 X Mo ☐ Every 2 Wks ☐ Week

☐ Free

☐ Reduced

☐ Denied

☐ Income

Reason for denial:

☐ Categorically eligible:

☐ Income too high

☐ SNAP/TANF/FDPIR

☐ Incomplete application

☐ Foster Child

Signature of Determining Official:

Date Approved:

**FOR THE VERIFICATION PROCESS ONLY:**

Signature of Confirming Official:

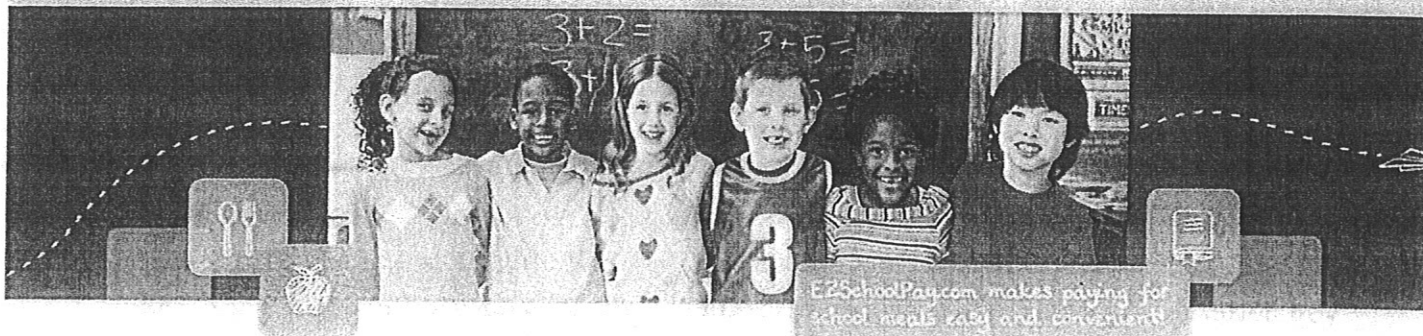
Date Confirmed:

Date Withdrawn From School:

Signature of Verifying Official:

Date Verified:





## Register for a free account on EZSchoolPay

Visit <http://ezschoolpay.com> to get started!

You now have the ability to pay for school breakfast and lunch online! Monitor your child's meal account balance and receive low-balance email alerts through EZSchoolPay.com. The online payment option is a quick and secure way to deposit money to your child's meal account by using a debit or credit card.

### What You Need to Register

- Email Address
- The name of your school district
- Your student's ID number (obtain from your school)

### How to Register

- Go to [www.EZSchoolPay.com](http://www.EZSchoolPay.com)
- Create an account by clicking "Parents Register Now"
- Complete the parent registration form (you must complete all fields with a red asterisk \*)
- To search for the school district name, click on the BLUE MAGNIFYING GLASS. A pop-up window will appear.
  - It is only necessary to search by entering information one field. For example, search by city, state or by district name. It is not necessary to complete all fields to search for your district.
  - To search by district name, type in the first 4 letters of your district in the "District Name" field, then click on the BLUE MAGNIFYING GLASS. Your district's name will be displayed; simply check the box for your district and click on the green link USE SELECTED DISTRICT AND CLOSE at the bottom of the pop-up window.
- Check the box to verify you have read and agree with the Terms of Use.
- Click SAVE
- Once you register, an email will be sent to the address provided. You must go to your email and click the link provided in the email from EZSchoolPay.com to validate your account.
- Once your account is validated, you may now start using your EZSchoolPay account.



Download our 'How To' Guide to set up your billing information, link your students and learn how to make payments.



## Exciting News From Hay Springs Schools

### **Hay Springs Schools Has Made A System Change That Impacts Your Student(s)**

You are receiving this communication because the district is offering an online service to help you better manage your child's school meal account. You now have the ability to check your child's school meal account balance online, as well as make payments with your credit/debit card.

In addition to helping the school take advantage of the latest technology, this service is a great convenience to you. By utilizing [www.EZSchoolPay.com](http://www.EZSchoolPay.com), you will not have to wonder if the check you wrote for meals actually made it to school and your children will be assured that meals will continue uninterrupted.

#### **Features and Options:**

- Send payments faster and directly into your child's meal accounts: Payments are credited within 10 minutes.
- Mobile applications: EZSchoolPay is available from your device's app store and are available for iPhone, iPad, and Android devices. Receive alerts of low balances, make payments for your child's meal account, and purchase items from the school store.
- Low Balances: Receive alerts when your child's balance drops below a certain balance.

If you would like to take advantage of any of the features mentioned above, you must create an online account with [www.EZSchoolPay.com](http://www.EZSchoolPay.com). Getting started is easy! Visit [www.EZSchoolPay.com](http://www.EZSchoolPay.com). The website will guide you to create an account and link your student(s) to the account before entering a credit/payment.

Hay Springs Schools will no longer be sending out monthly bills instead when your account gets to low you will receive a notification letter. Please make sure your account does not get into the negative balance, to stay in the positive you will need to pay ahead. We will still accept payments to be dropped off at the school office if that is what you prefer.

Hay Springs Schools Food and Nutrition Services department strives to provide a balanced nutritional program for all students, and to provide support and options for parents. If you have any questions, please feel free to contact the Food and Nutrition Services department directly at 308-638-4434.



## Sign up for important updates from Mr. Lechtenberg.

Get information for Hay Springs Elementary School right on your phone—not on handouts.

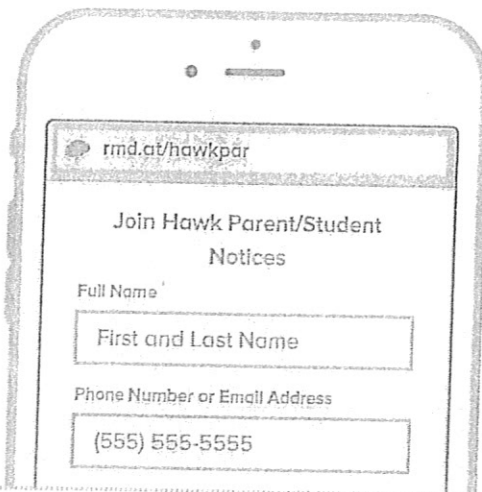
Pick a way to receive messages for Hawk Parent/Student Notices:

- A** If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

[rmd.at/hawkpar](http://rmd.at/hawkpar)

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



- B** If you don't have a smartphone, get text notifications.

Text the message @hawkpar to the number 81010.

If you're having trouble with 81010, try texting @hawkpar to (402) 513-3346.

*\* Standard text message rates apply.*



Don't have a mobile phone? Go to [rmd.at/hawkpar](http://rmd.at/hawkpar) on a desktop computer to sign up for email notifications.