



2012-2013 Parental Choice Certification

By signing below, I understand and agree to all of the following:

1. That my child is eligible for the Nonpublic Schools Early Childhood Development Program (“NЕСD”) because he or she meets the eligibility requirements listed in Part 1 of the NSECĐ Eligibility & Enrollment Procedures and Provider Responsibilities.
2. That in the event that more children apply than are accepted, a lottery will be held and my child’s odds of being selected will be increased based on the number of schools I have applied to.
3. That in the event that I submit an application for my child at more than 1 school, I must notify each school by May 21st to confirm or deny my child’s placement on the schools roster or waiting list. I understand that failure to notify a school will result in my child’s name being removed from all lists.
4. That I know and understand the mission, purpose, and curriculum of the school I have chosen and voluntarily choose to have my child go to school there as part of the NSECĐ program.
5. That I give permission for NSECĐ program officials to collect and utilize any of my child’s test data and information during his or her school years to evaluate the efficacy of the program, deliver support services, and for other lawful purposes.
6. That the school I have chosen must agree to provide **high-quality, developmentally appropriate early childhood development classes** under the terms and conditions listed in the NSECĐ Eligibility & Enrollment Procedures and Provider Responsibilities in order to be eligible to participate in the NSECĐ program and to receive reimbursement for teaching my child, and that the school I have chosen will not be eligible for this payment if it fails to meet the requirements listed in the NSECĐ Eligibility & Enrollment Procedures and Provider Responsibilities, including minimum teacher requirements.
7. That I will ensure that my child regularly attends 74% of classes and regularly arrives on time, during the school year, and must attend four (4) instructional hours on a given school day, in order for my child to be credited for attending a school.
8. That the school I have chosen will receive payment on my behalf of my child, from the Governor’s Office of Community Program, and if my child does not attend classes regularly enough for the school to be reimbursed for two consecutive months, my child will be removed from the NSECĐ Program, and the school will receive no payment for any educational services delivered to my child during this time period.
9. That it is my responsibility, to apply to the Free and Reduced Meal Program offered by the school, and if my child does not qualify for the Free and Reduced Meal Program, it is my responsibility to pay the cafeteria fee. I further understand that my child may be disenrolled if there is an outstanding balance for three (3) months.

Name of Child: _____ School Chosen: _____

Signature of Parent/Guardian: _____ Printed Name: _____

Address: _____ Contact #: _____

NSECĐ Transfer (name of current NSECĐ school) _____