



Centerville Preschool

Wait List # _____

For office use only

2020-2021 Centerville Preschool Wait List Application

Child's Name: _____ Date of Birth: _____ Boy / Girl

Home Address: _____

Mother's Name: _____ Father's Name: _____

Mother's Phone Number _____ Father's Phone Number: _____

Mother's Email: _____ Father's Email: _____

Legal Guardian's Name/Phone number (if not parents): _____

Which Primary building will your child attend?

http://www.centerville.k12.oh.us/uploaded/documents/transportation/Centerville_PV_School_Boundaries.pdf



Primary Village North - 6450 Marshall Road Centerville, Ohio 45459



Primary Village South - 8388 Paragon Road Centerville, Ohio 45458

Preschool Requirements: (Please answer each questions, if not answered your application may be disqualified)

_____ My child will be three (3) on or before September 30, 2020 and will not be five (5) on or before September 30, 2020. **A birth certificate is required**

_____ I will supply Centerville Preschool with an updated Medical and Dental Exam every 13 months as required by Section 3301.37.08 (A) of the Ohio Revised Code.

_____ I give my permission for my child to be screened as per the State of Ohio mandates in the areas of Cognitive/pre academics, motor, language, self-help and social-emotional skills within 60 business days of attending school and annually thereafter in the fall.

_____ My child is toilet trained.

_____ My child has well developed language skills

_____ My child has acceptable social skills.

_____ My child can follow directions, adhere to classroom rules, and accept teacher guidance. If my child does not demonstrate these abilities, he/she may be dismissed from the program.

_____ I understand I must reside within the geographical boundaries of the Centerville City School District. **Proof of residency is required.**

_____ If my child is accepted, I agree to pay the tuition of **\$200 per month**. (If your family is having a financial hardship, please contact the preschool office)

Parent's Signature: _____ Date: _____

Please return this form to the Centerville Preschool or Kathryn.collins@centerville.k12.oh.us