



# Centerville Preschool

Wait List # _____ For office use only
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## 2022/2023 Centerville Preschool Wait List Application

If you are new to the Centerville City School district and your preschool child is currently on an IEP from another school district or you are concerned that your child has a delay, please call the Preschool office at 937-438-6030 ext. 4709 or email: [andrea.contestable@centerville.k12.oh.us](mailto:andrea.contestable@centerville.k12.oh.us)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Boy / Girl

Home Language: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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): \_\_\_\_\_

Legal Guardian's Email: \_\_\_\_\_

Which Primary building will your child attend? <https://www.centerville.k12.oh.us/about-us/district-maps>

- 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, 2022 and will not be five (5) on or before September 30, 2022. **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. (Typical Peer Models must be toilet trained, before enrollment in the preschool program)
- \_\_\_\_\_ My child has well developed language skills in their native/home language
- \_\_\_\_\_ 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.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to the Centerville Preschool or [Kathryn.collins@centerville.k12.oh.us](mailto:Kathryn.collins@centerville.k12.oh.us)**