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Welcome to Preschool
597 Hillcrest Drive, Eaton, OH 45320
Phone: 937-456-1187 Fax: 937-456-3253
www.preblecountyesc.org

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The following forms and documentation **MUST** be completed and returned to assure enrollment in a Preble County Educational Service Center Preschool classroom.

STUDENT NAME: _____ **BIRTH DATE:** _____

Is this a returning student? __ YES __ NO Is your child toilet trained? __ YES __ NO

If transportation is available, would you be interested? __ YES __ NO

If transportation is different from the parent, please complete:

Pick up/Drop off Contact Name: _____ Phone: _____

Address: _____

REQUIRED COMPLETED FORMS

- | | |
|---|---|
| <input type="checkbox"/> Preschool Registration Form | <input type="checkbox"/> Emergency Contacts Authorizations & Consents |
| <input type="checkbox"/> Student Information Form | <input type="checkbox"/> Preschool Authorizations & Consents |
| <input type="checkbox"/> Early Childhood Education Eligibility Screening Tool (4 pages) | <input type="checkbox"/> Preschool Tuition & Transportation Agreement |

REQUIRED DOCUMENTATION

- | | |
|--|---|
| <input type="checkbox"/> Copy of Birth Certificate | <input type="checkbox"/> Copy of Social Security Card |
| <input type="checkbox"/> Copy of Proof of Income (tuition students only) | <input type="checkbox"/> Copy of Proof of Residence (IEP students only) |
| <input type="checkbox"/> Child Medical Statement (due within 30 days of school) | <input type="checkbox"/> Copy of Custody documentation of student (if applicable) |
| <input type="checkbox"/> Dental Form (due within 30 days of school) | <input type="checkbox"/> Immunization/Shot Record |

PARENT PREFERENCE PLACEMENT (Please rate each session below by number in order of preference):

TYRA DOUGLAS		STACIE EATON		AMANDA FOLEY	
AM ESC Office 8:25-11:40 am		AM ESC Office 8:25-11:10 am		AM ESC Office 8:25-11:10 am	
PM ESC Office 12:10-3:25 pm		PM ESC Office 12:10-2:55 pm		PM ESC Office 12:10-2:55 pm	

*We do not guarantee placement choice, but will take preference into consideration.
The class times above are tentative and subject to change.*

**EMERGENCY CONTACTS
AUTHORIZATIONS & CONSENTS**

The purpose of this form is to enable parents/guardian to authorize the provision of emergency medical treatment for a child who becomes ill or injured while under school authority when parents or guardians cannot be reached.

Student Name: _____ Date of Birth: _____

ADDITIONAL EMERGENCY CONTACT INFORMATION

Primary Parent(s)/Guardian(s) will **always** be contacted first in the event of an illness/emergency. Please list in order how **additional** contacts are to be made when we are unable to reach parent(s)/guardian(s).

<u>ADDITIONAL CONTACT #1</u>	
Name: _____	Relationship: _____ Can Pick Up Student: Yes No
Primary Phone: _____	Additional Phone: _____
<u>ADDITIONAL CONTACT #2</u>	
Name: _____	Relationship: _____ Can Pick Up Student: Yes No
Primary Phone: _____	Additional Phone: _____
<u>ADDITIONAL CONTACT #3</u>	
Name: _____	Relationship: _____ Can Pick Up Student: Yes No
Primary Phone: _____	Additional Phone: _____
<u>ADDITIONAL CONTACT #4</u>	
Name: _____	Relationship: _____ Can Pick Up Student: Yes No
Primary Phone: _____	Additional Phone: _____
I hereby give consent for the following medical care providers and local hospital to be called:	
Preferred Hospital/ER: _____	Phone: _____
Doctor: _____	Phone: _____
Dentist: _____	Phone: _____
Medical Specialist: _____	Phone: _____
<u>EMERGENCY MEDICAL AUTHORIZATION – (ONLY INITIAL ONE LINE PLEASE)</u>	
<p>_____ INITIAL TO GRANT CONSENT – I hereby give consent for the medical care providers and local hospital to be called. In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. This information may be shared with school personnel if it is pertinent to my child’s health and safety, educational progress, and/or behavioral management plan.</p> <p>_____ INITIAL TO REFUSE CONSENT – <u>I do not give my consent</u> for emergency medical treatment for my child named above. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: _____</p>	

Signature of Parent/Guardian: _____ Date: _____

PRESCHOOL AUTHORIZATIONS & CONSENT

Student's Name: _____
First
Middle
Last

<p>PERMISSION TO DISPLAY PHOTOGRAPHS, AUDIO, VIDEO, ELECTRONIC IMAGES, ARTWORK AND/OR STORIES I give consent (or do not give consent) for photographs, audio, video or electronic images of my student; original written materials, artwork, or other work created by my child during the course of instruction: as well as quoted statement by my child to be used by the district for exhibition, public display, publication, publicity materials, advertising, news media stories, video, audio, or other electronic media such as the Internet, television, CD-ROM, or DVD, and social media sites. I understand that my student's full name may also be used with such display. <input type="checkbox"/> Yes I give consent <input type="checkbox"/> No I do not give consent</p>
<p>FIELD TRIP PERMISSION My child, named above, has my permission (or does not have my permission) to attend all scheduled field trips. Written notice, including all details of each field trip, will be sent home with your child prior to each field trip. <input type="checkbox"/> has my permission <input type="checkbox"/> does NOT have my permission</p>
<p>DEVELOPMENTAL SCREENING I understand that my child, named above, will receive a developmental screening as required by the State of Ohio and that any concerns/recommendations will be discussed with me at a conference. <input type="checkbox"/> Yes I understand</p>
<p>EDUCATION INFORMATION I authorize the Preble County Preschool to release enrollment information, as well as any information pertinent to my child's education to my local school district. I understand that this information will remain confidential. <input type="checkbox"/> Yes I authorize</p>
<p>NOTIFICATION OF CHANGE I agree to notify the Preble County Preschool teaching staff immediately of any changes in the drop off or pick up of my child. <input type="checkbox"/> I agree <input type="checkbox"/> I do NOT agree</p>
<p>CLASS ROSTER I agree that my child's name, my name, address, and telephone number may be included in the Class Roster which will be made available to the parent of each child in the program. <input type="checkbox"/> has my permission <input type="checkbox"/> does NOT have my permission</p>
<p>GROUP ACTIVITIES I agree that my child may be involved in small group and large group activities with the speech therapist or intervention specialist in the classroom. <input type="checkbox"/> has my permission <input type="checkbox"/> does NOT have my permission</p>
<p>VIDEO FOR ANALYZATION I agree that my child may be videotaped in order to collect data for analyzing teaching practices, student behaviors to develop behavior and other educational plans as needed, their Early Learning Assessment and/or IEP goals if applicable. Videotapes will only be shared with appropriate staff. <input type="checkbox"/> has my permission <input type="checkbox"/> does NOT have my permission</p>

Signature of Parent/Guardian _____ Date _____

Ohio Department of Job and Family Services
Ohio Department of Education
EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

Tell us about you (the applicant)			
First Name	MI	Last Name	
Address			Today's Date
City	State	County	Zip Code
Phone Number ()	Additional Phone Number ()	E-mail Address	

Tell us about the people in your home							
Name <i>(First, Middle, Last)</i>	Relationship to You <i>(spouse, son, friend, etc.)</i>	Race	Hispanic or Latino <i>Y or N</i>	Spoken Language	Date of Birth	Gender <i>M or F</i>	U.S. Citizen <i>Y or N</i>
	Self	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					

Child 1	Provider Name and Address	What hours/days do you need services? (i.e. child care or preschool) <i>Check all that apply</i>
Name		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		
Special Needs Is your child in need of special needs child care based on this definition? "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child 2	Provider Name and Address	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		
Special Needs Is your child in need of special needs child care based on this definition? "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development. <input type="checkbox"/> Yes <input type="checkbox"/> No		

Child 3	Provider Name and Address	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		
<p>Special Needs</p> <p>Is your child in need of special needs child care based on this definition? "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Tell us about your finances

Will you or the people in your home receive income this month? Yes No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

Name	Type of Income	Amount of Income <i>(before taxes)</i>	How Often Received <i>(weekly, bi-weekly, etc)</i>	Date Last Received	Work or School Schedule <i>(please list times)</i>
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____

Do you or anyone in your household pay Child or Spousal Support? Yes No

How Much?

Signature of Applicant

Date

PRESCHOOL TUITION & TRANSPORTATION AGREEMENT

TUITION

The Preble County preschool program charges an annual tuition amount for each child on a sliding scale. We do not charge by the hour, or by the day. Instead, we charge for the slot for the year. When a family pays their tuition each week, they are actually paying toward the cost for the slot for the school year.

_____ has my permission to attend the Preble County Preschool.
(Student's Name)

I agree to pay the amount of \$_____ for each week of enrollment, and I understand that tuition is due in advance of each week and the first payment due is the first day of school. Subsequent payments are due every first day of the school week thereafter. Tuition will be due regardless of any absences or snow days (excluding Thanksgiving, Winter and Spring Breaks). If I am one week late with my tuition payment, a reminder note will be sent home with my child. If I am two weeks late with my tuition a second notice will be sent home. If I am three weeks behind on my tuition payment, a final notice will be sent home. If I am not able to pay my child's tuition in full within the date specified on the final notice, I understand I will lose my child's placement in preschool.

Parent/Guardian Signature

Date

.....

TRANSPORTATION

_____ has my permission to be transported to their Preschool
(Student's Name)

Program. I understand that my child has the opportunity to be transported for a fee because their place of pick up and drop off is a current bus stop location. I further understand that if their place of pick up and drop off is discontinued as a bus stop in the future, then my child may no longer be able to be transported.

I agree to pay the transportation fee of **\$10 per week**, and I understand that the transportation fee is due along with the preschool tuition fee in advance of each week. The first payment is due the first day of school. Subsequent payments are due every first day of the school week thereafter. Tuition and transportation fees are due regardless of any absences or snow days (excluding winter and spring breaks).

Parent/Guardian Signature

Date



Department of Education

Office of Early Learning and School Readiness
Child Medical Statement

Revised 3/12/2018

This form meets Ohio Administrative Code. Programs may use this form or build their own.

Section I - Child Medical Information

Child's Name

Date of Birth Height Weight

Table with 2 columns: Immunizations and Exempt from Immunization. Rows include Complete for Age, In Process, Religious Conviction, Health, and Other.

Limitations or health conditions, including allergies, medications, and dietary restrictions.

Section II - Child Medical Statement Verification

Physician/Clinic/Hospital Name Provider Address

Provider Phone Number Provider City Provider State Provider Zip

Check box of examining medical professional:

- Physician
Physician Assistant
Advanced Practice Registered Nurse

This child has been examined and is in suitable condition to participate in group care.

Signature of Medical Professional Date of Exam

Programs funded through the Ohio Department of Education must have written policies and procedures to ensure that children have received comprehensive health screenings and/or that families are informed of the importance of health screenings and the resources to obtain them.

PREBLE COUNTY EDUCATIONAL SERVICE CENTER

Early Childhood Programs

597 Hillcrest Dr., Eaton, OH 45320

PH: 937-456-1187

FAX: 937-456-3253

DENTAL FORM

Child's Name: _____

Gender: _____ DOB: _____

Parent/Guardian's Name: _____ Phone: _____

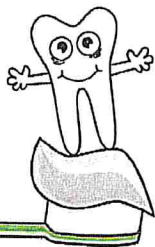
Address: _____ Zip: _____ Teacher: _____

Preventive Services Completed:

Date: _____

Treatment Completed:

Date: _____



_____ Exam

_____ Prophyl

_____ Fluoride

_____ X-rays

_____ OHI



_____ Restorative

_____ Extractions

_____ Pulpotomy

_____ Sealants

Comments:

Check if treatment is required. How many restorations? _____

Check if all services for this child have been completed.

Check if treatment is discontinued: Reason _____

6-month check up appt. _____

Next Treatment Date: _____

I HEREBY CERTIFY THAT THE SERVICES LISTED ABOVE HAVE BEEN PERFORMED

Dentist's Signature: _____

Address: _____ Phone: _____

**OFFICE USE ONLY
TUITION CALCULATION**



Student Name: _____

of dependents that reside in the home _____

_____ IEP Student – No Charge

_____ Over Income/No Proof

Double check with parent the occurrence of the pay check cycle.

Mother's Gross Income check amount 	\$
Weekly Pay Check X 52	
Bi-weekly Pay Check X 26	
W2/Taxes	
A. MOTHER'S GROSS TOTAL FOR THE YEAR	A. \$
Father's Gross Income check amount 	\$
Weekly Pay Check X 52	
Bi-weekly Pay Check X 26	
W2/Taxes	
B. FATHER'S GROSS TOTAL FOR THE YEAR	B. \$
TOTAL HOUSEHOLD INCOME (A+B)	\$

TOTAL WEEKLY TUITION AMOUNT: \$ _____

2023 FEDERAL POVERTY GUIDELINES

Size of Family Unit	100% Poverty Level	125% Poverty Level	150% Poverty Level	175% Poverty Level	185% Poverty Level	200% Poverty Level
1	\$0-14,580	\$14,581-\$18,225	\$18,226-\$21,870	\$21,871-\$25,515	\$25,516-\$29,159	\$29,160 and above
2	\$0-19,720	\$19,721-\$24,650	\$24,651-\$29,580	\$29,581-\$34,510	\$34,511-\$39,439	\$39,440 and above
3	\$0-24,860	\$24,861-\$31,075	\$31,076-\$37,290	\$37,291-\$43,505	\$43,506-\$49,719	\$49,720 and above
4	\$0-30,000	\$30,001-\$37,500	\$37,501-\$45,000	\$45,001-\$52,500	\$52,501-\$59,999	\$60,000 and above
5	\$0-35,140	\$35,141-\$43,925	\$43,926-\$52,710	\$52,711-\$61,495	\$61,496-\$70,279	\$70,280 and above
6	\$0-40,280	\$40,281-\$50,350	\$50,351-\$60,420	\$60,421-\$70,490	\$70,491-\$80,559	\$80,560 and above
7	\$0-45,420	\$45,421-\$56,775	\$56,776-\$68,130	\$68,131-\$79,485	\$79,486-\$90,839	\$90,840 and above
8	\$0-50,560	\$50,561-\$63,200	\$63,201-\$75,840	\$75,841-\$88,480	\$88,481-\$101,119	\$101,120 and above
TYRA	\$0.00	\$20.00	\$30.00	\$35.00	\$40.00	\$55.00
AMANDA & STACIE	\$0.00	\$15.00	\$25.00	\$30.00	\$35.00	\$50.00
	A	B	C	D	E	F