

**SOUTH POINT LOCAL SCHOOLS PRESCHOOL PROGRAM  
POINTER PAL APPLICATION**

**Time and Date of receipt of application with fee \_\_\_\_\_**

**Classroom placements will be determined in the order they are received.**

**To ensure your application is processed, all areas must be completed at the time of submission.**

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Parents' Name \_\_\_\_\_ Work Phone \_\_\_\_\_

**Center-Based Classrooms**

Our classrooms are licensed with the Ohio Department of Education . .Classes are in session four days a week, Monday through Thursday with times varying based on specific locations. The classrooms are located at South Point Elementary and Burlington Elementary. All students are provided developmentally appropriate practices and we strive to have students ready for achievement in kindergarten. All of our classrooms have a teacher and a teacher assistant, enabling the staff to accommodate the individualized needs of each child. Preschoolers in our program with special needs may receive speech therapy, physical therapy, occupational therapy, and related services as they may have documented disabilities in communication, motor, hearing, vision, social emotional/behavioral skills, adaptive skills and/or cognitive ability or required additional adult assistance.

Pointer Pals serve as models of age-appropriate skills for children demonstrating delays in their development. For this reason, it is critical that peers demonstrate the skills listed below. If after a brief trial period, your child is not able to **consistently** demonstrate the criteria below within the preschool classroom; your child may not be able to continue to attend our preschool program as a peer model.

Please initial beside each statement:

- Completely toilet trained \_\_\_\_\_
- Separates easily from parents \_\_\_\_\_
- Able to follow rules and routines \_\_\_\_\_
- Attends to adult-guided activities \_\_\_\_\_
- Plays with a variety of toys appropriately \_\_\_\_\_
- Is able to play beside and/or with other children while sharing the same toys \_\_\_\_\_
- Verbally interacts with peers in play situations \_\_\_\_\_
- Speech is clear and understandable by unfamiliar adults \_\_\_\_\_

**Preference will be given to children who are age 4 and who are residents of South Point Local School District..  
Transportation will be the responsibility of the parents.**

## PROCEDURES FOR PRESCHOOL ENROLLMENT

1. **Applications will be accepted starting March 31 for the following school year with a \$25 non-refundable application fee.** Applications will be reviewed by staff and, as part of the application process, a classroom visit will be arranged to meet the child and observe how he/she interacts with other children.
2. Parents will be notified of their child's acceptance or rejection after the application process has been completed. **All students are accepted on a trial basis the first month.** If the staff feels your child is not developmentally ready for a class of this type, they will discuss this with you.
3. The teacher will contact parents of children, who have completed the application process and been accepted, to schedule a registration/enrollment appointment. During this meeting, the teacher will collect any forms and will discuss the parent handbook and the first day of class for the student. Please bring your child's birth certificate and social security card with you to be copied. Birth certificates and social security cards are required to be presented.
4. Applications are valid for one school year. If a child is not accepted, application must be made again to be considered for the following year.

**\*The Ohio Department of Early Childhood sets the maximum number of children in the classroom. This classroom is licensed as a classroom for children with disabilities. Although rare, it may be necessary to remove a typically developing child from the classroom in order to provide for a student with disabilities. \_\_\_\_\_ (Initial )**

Please indicate the classroom unit for which you are applying.

Circle one : 4 days      2 days

Monday/Wednesday    Tuesday/Thursday

**If you have questions regarding the program, call 740-377-2756 ext. 6017 and speak with Pam Carpenter (Preschool/Special Education Director). Completed applications with PAID registration fee can be dropped off Monday-Friday 9:00 a.m. – 2:00 p.m. at South Point Board of Education ONLY (please call to confirm receipt).**

## CLASSROOM AGREEMENT

1. Tuition is \$300.00 per month for 4 days per week and \$150 per month for two days per week. If any checks are returned, there will be an additional fee. We will be using a sliding scale if appropriate but income information must be submitted before it is considered.
2. If a child misses days during the month, a holiday occurs or a calamity, ) results in school not being in session, **the fee remains the same**. Due to obligations, there may be occasions when the preschool classes will be canceled or a make-up day scheduled. **This will not change the monthly fee**. If a parent requests a leave of absence from the classroom, tuition must be paid during the absence to hold the spot in the classroom. If payment is not made on time, another child may be enrolled in that spot.
3. The fee must be paid monthly on the first school day of the month in the elementary office. It is essential that payments be made promptly to cut down on paperwork and staff time. If special circumstances arise, the payment date can be discussed with the preschool supervisor. If payments fall more than a month behind, parents may be informed that their child will be withdrawn from the classroom.
4. If a parent withdraws the child during the month, the amount paid is non-refundable.
5. If the staff finds the child is not developmentally ready for the classroom setting, the tuition will be prorated and refunded.
6. **On rare occasions, circumstances may arise that would make it necessary for the South Point Preschool Program to terminate this contract. Every effort will be made to provide 30 days notice should this be necessary.**

**I have read and understand the agreement and if my child is accepted as a student in the program, I \_\_\_\_\_ agree to pay the tuition due on the first school day of the month, for classroom services. I understand that if my payment is one month late without explanation that my child's enrollment will be jeopardized and my child may be removed from the classroom.**

\_\_\_\_\_  
(signature of parent/guardian)

\_\_\_\_\_  
(date)

**IDENTIFYING DATA : Please complete all spaces. Incomplete forms will not be processed.**

CHILD: \_\_\_\_\_  
FIRST MIDDLE LAST

NICKNAME: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Male  Female

PARENT(S)/GUARDIAN(S) NAME: \_\_\_\_\_  
(MOTHER) (FATHER)

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

WORK/CELL : \_\_\_\_\_

NAME(S) OF PERSON(S) COMPLETING FORM: \_\_\_\_\_

**CUSTODY PAPERS? YES NO IF YES, PLEASE INCLUDE WITH APPLICATION.**

PLACE OF BIRTH: \_\_\_\_\_ MOTHER'S MAIDEN NAME: \_\_\_\_\_

Is the student of Hispanic/Latino origin?  Yes  No

Racial/Ethnic Group:  White, Non-Hispanic  Black or African American  American Indian  
 Asian  Native Hawaiian or Other Pacific Islander  
 Multiracial (if this category is chosen, the specific races must also be chosen)

\*\*\*\*\*

**SOCIAL INFORMATION**

FAMILY UNIT SIZE: \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_ 6 \_\_\_\_ 7 \_\_\_\_ 8 \_\_\_\_ OTHER

TOTAL HOUSEHOLD INCOME (If interested in Sliding Pay Scale) \_\_\_\_\_ (Include pay stubs/proof of income)

(how many)

LIST BELOW THE PERSONS LIVING IN THE HOME: (If more room is needed list on back of page.)

NAME	SEX	DOB	RELATIONSHIP	GENERAL HEALTH

CHILD'S STATUS: \_\_\_\_\_ NATURAL \_\_\_\_\_ ADOPTED \_\_\_\_\_ FOSTER

CHILD'S STATUS IN FAMILY? \_\_\_\_\_ OLDEST \_\_\_\_\_ MIDDLE \_\_\_\_\_ YOUNGEST \_\_\_\_\_ ONLY

MOTHER'S EDUCATION: \_\_\_\_\_ FATHER'S EDUCATION: \_\_\_\_\_

MOTHER'S OCCUPATION: \_\_\_\_\_ FATHER'S OCCUPATION: \_\_\_\_\_

WHO IS THE PRIMARY CARETAKER OF THE CHILD? \_\_\_\_\_  
 \_\_\_\_\_ MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ GRANDPARENTS \_\_\_\_\_ OTHER (\_\_\_\_\_)

**MEDICAL INFORMATION**

HAS THE CHILD EVER HAD?

- |                        |                       |                        |                 |
|------------------------|-----------------------|------------------------|-----------------|
| _____ MEASLES (7 DAY)  | _____ SCARLET FEVER   | _____ BROKEN BONES     | _____ ALLERGIES |
| _____ RUBELLA (3 DAY)  | _____ RHEUMATIC FEVER | _____ OPERATION        | _____ PNEUMONIA |
| _____ CHICKEN POX      | _____ ASTHMA          | _____ HEART PROBLEMS   | _____ SEIZURES  |
| _____ WHOOPING COUGH   | _____ MUMPS           | _____ HEARING PROBLEMS | _____ POISONING |
| _____ HOSPITALIZATIONS | _____ MENINGITIS      | _____ VISUAL PROBLEMS  | _____ ACCIDENTS |

OTHER/COMMENTS/EXPLANATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEALTH**

ATTENDING PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LAST EXAMINATION: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

DOES CHRONIC CONDITION EXIST THAT REQUIRES MEDICATION? \_\_\_\_\_

DATE PRESCRIBED? \_\_\_\_\_ BY WHOM? \_\_\_\_\_

TYPE OF EVALUATION	DATE	TREATMENT	ADMINISTERING AGENCY/CONTACT PERSON

\*\*\*\*\*

**NUTRITIONAL INFORMATION**

IS THE CHILD'S APPETITE NORMAL? \_\_\_\_\_ IF NOT, WHY? \_\_\_\_\_

WHAT ARE THE CHILD'S FAVORITE FOODS? \_\_\_\_\_

WHAT FOODS DOES THE CHILD REFUSE TO EAT? \_\_\_\_\_

IS THE CHILD ALLERGIC TO ANY FOODS? \_\_\_\_\_ IF YES, WHAT FOODS? \_\_\_\_\_

DOES THE CHILD FEED HIMSELF/HERSELF? \_\_\_\_\_

## BEHAVIORAL INFORMATION

DOES THIS CHILD HAVE ANY OF THE FOLLOWING BEHAVIOR TRAITS?

<input type="checkbox"/> NIGHTMARES	<input type="checkbox"/> THUMB SUCKING	<input type="checkbox"/> BITING
<input type="checkbox"/> TEMPER TANTRUMS	<input type="checkbox"/> STUTTERING	<input type="checkbox"/> NAIL BITING
<input type="checkbox"/> OVERACTIVE	<input type="checkbox"/> EYE BLINKING	<input type="checkbox"/> MOOD SWINGS
<input type="checkbox"/> ROCKING	<input type="checkbox"/> HEAD BANGING	<input type="checkbox"/> HITTING/PINCHING
<input type="checkbox"/> TOILET TRAINING PROBLEMS		<input type="checkbox"/> EXTREMELY QUIET

IS CHILD **COMPLETELY** TOILET TRAINED? YES NO (CIRCLE ONE)

DOES THE CHILD DRESS HIMSELF/HERSELF? \_\_\_\_\_

HOW DOES THE CHILD SPEND THE DAY?  NURSERY SCHOOL  DAY CARE  
 SITTER  W/PARENT

DOES THE CHILD MAKE FRIENDS EASILY? \_\_\_\_\_ DOES THE CHILD SHARE TOYS? \_\_\_\_\_

DOES THE CHILD PLAY WITH OTHER CHILDREN DURING THE DAY? \_\_\_\_\_

<input type="checkbox"/> HAS LOTS OF FRIENDS	<input type="checkbox"/> PREFERS ONE OR TWO FRIENDS
<input type="checkbox"/> PLAYS WITH SIBLINGS ONLY	<input type="checkbox"/> PREFERS TO PLAY ALONE

WHAT DOES THE CHILD LIKE TO PLAY WITH? \_\_\_\_\_

DOES THE CHILD PLAY WITH?

PUZZLES  CONSTRUCTION TOYS  CRAYONS  SCISSORS  PENCILS

WHEN THE CHILD PLAYS:

<input type="checkbox"/> NEEDS SOMEONE PRESENT MUCH OF THE TIME OR GETS INTO TROUBLE
<input type="checkbox"/> OCCUPIES SELF BY FINDING AND DOING OWN ACTIVITY
<input type="checkbox"/> GETS BORED EASILY IN ANY ONE ACTIVITY
<input type="checkbox"/> NEEDS A LOT OF THINGS TO KEEP OCCUPIED

HOW DOES THE CHILD EXPRESS HIS NEEDS? \_\_\_\_\_

WHAT METHOD OF DISCIPLINE IS USED? BY MOTHER \_\_\_\_\_ BY FATHER \_\_\_\_\_

DOES THE CHILD SEPARATE FROM PARENT EASILY? \_\_\_\_\_

DOES THE CHILD HAVE ANY FEARS? \_\_\_\_\_

DESCRIBE YOUR CHILD:

<input type="checkbox"/> FRIENDLY	<input type="checkbox"/> INDEPENDENT	<input type="checkbox"/> QUIET
<input type="checkbox"/> SHY	<input type="checkbox"/> STUBBORN	<input type="checkbox"/> FEARFUL
<input type="checkbox"/> EASILY ANGERED	<input type="checkbox"/> DIFFICULT TO HANDLE	<input type="checkbox"/> COOPERATIVE

ADDITIONAL COMMENTS: \_\_\_\_\_