

**PRE-K**

**A 5-STAR Program**

1956 Redbird Road  
Madison, OH  
440-428-5111

**Thank you for choosing us for your child's first education. We know you will be happy with your choice. Our program serves 3, 4, and 5 year olds and we have 4 or 5 half day classes. Please note that due to changes in the preschool regulations, we have made some changes to be compliant with the laws.**

**TUITION IS NON-REFUNDABLE** - we staff our classrooms based on enrollment. If tuition is not paid, your child's position in the classroom may be given to another student.

**We Must Receive your first month's tuition, a current physical with immunizations, birth certificate, any custody papers (if applicable), parent photo ID, and proof of residency (only utility bills (gas, electric or water), or rental agreement/purchase agreement/construction agreement will suffice.**

**IMPORTANT NOTES:**

A **CURRENT** physical form signed by a physician must be on file before your child can attend Pre-K classes. Physicals must be updated during the year within 30 days of the expiration date or we will have to exempt your child from class until received.

**GRANT PROGRAM:**

**Income Verification: 2022 tax return or Ohio Direction Card** The grant program is available to any child who is four or turns four by September 30, 2023. We have 32 allocated spaces and you must complete all paperwork in order to have a space in the program. There is a required income survey sheet you must complete prior to starting school.

**POTTY TRAINING:**

Your child must be **COMPLETELY** potty trained by the start of school. Exceptions are made for students whose needs require it but on an individual basis. There is **NO REFUND** if you do not start your child on time due to not being potty trained.

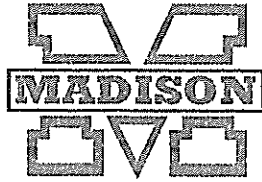
# REGISTRATION INSTRUCTIONS

## 2023-2024 School Year

Attached is your child's Pre-K Registration Packet for the 2023-2024 school year. Please **carefully** read over the instructions below. If you have any questions, please call the Pre-K office 428-5111 or stop in the office.

How to register:

1. Complete all paper registration forms and sign where indicated. Classes fill quickly!
2. Complete the online registration. **This will be a new student registration. Please see the Online Registration Instructions paper included in this packet. The registration is done in the 2023-2024 school year.**  
**\*\*If you select the wrong year you will be notified to complete a new online registration in the correct year. This cannot be changed by registrar.**
3. Please include the following items with your registration forms:
  - ✓ **The 1st month tuition and a \$20.00 program fee are due at the time of registration. These payments must be made in the office with cash or check. (Payments are non-refundable.)**
  - ✓ Birth Certificate (Original)
  - ✓ Proof of Residency (utility bills-i.e. gas, electric, water) or rental agreement/purchase agreement.
  - ✓ Custody Documents if there are any.
  - ✓ Grant Program: Proof of Income (prior year tax return) or Ohio Direction Card. Tuition is based on a sliding scale. Students must be 4 by September 30, 2022.
  - ✓ A Physical and Immunization records
  - ✓ Parent photo ID
4. **Note:** We are unable to guarantee specific teachers or AM/PM.



To complete Online Registration for Madison Pre-K 2023-2024 please see steps below:

Step 1: Log into [www.madisonschools.net](http://www.madisonschools.net)

Step 2: Click on Student Registration.

Step 3: Click on Pre-K Registration.

Step 4: Scroll down the page to “begin Pre-K Online Registration”.

Step 5: You will be doing a new student registration in the 2023-2024 school year.

Office use only  
Start date \_\_\_\_\_  
Paid \_\_\_\_\_

## MADISON LOCAL SCHOOL DISTRICT PRE-K PROGRAM 2023-2024

Student Name (first, middle, last) \_\_\_\_\_ Birth Date \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Communication Preferences (Check all that apply)     Email     Text     Phone

District of Residency:     Madison     Geneva     Perry     Other \_\_\_\_\_

Who has legal custody of above named child? (Parent/Guardian Full Names) \_\_\_\_\_

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Are there legal custody papers pertaining to this child?     No     Yes, please attach papers

Does your child have a current IFSP or IEP?     No     Yes

Does your child receive therapy services?     No     Yes (If yes, please circle: speech / occupational / physical / counseling)

**Please choose one of the following sessions:**

**5 Day Program**

\_\_\_\_\_ 8:30-11:00 a.m.    M - F

\_\_\_\_\_ 8:30-11:00 a.m.    M - F

**\*\*Must be 4 by September 30, 2023\*\***

**Tuition**

\$140/month

**GRANT PROGRAM**  
(Those who qualify for free or reduced tuition please see the office.)

**4 Day Program**

\_\_\_\_\_ 8:30 - 11:00 a.m.    M - Th

\_\_\_\_\_ 12:30 - 3:00 p.m.    M - Th

\$110/month

\$110/month

**Non-Resident Fee**

add \$5.00/month

**\*\*\*\*\* FEES SUBJECT TO CHANGE \*\*\*\*\***

How did you hear about Madison Pre-K?     flyer     word of mouth     website     other \_\_\_\_\_

# MADISON LOCAL SCHOOL DISTRICT

## PRE-K PROGRAM

### CHILD'S HEALTH INFORMATION – to be completed by parent

Rule 3301-37-05 of the Administrative Code requires preschool programs to secure health information from a child's parent no later than the first day of attendance unless otherwise indicated.

Name of Child (print or type):	Date of Birth:	Name of Parent/Guardian:
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1. Allergies: List all allergies affecting the child and any special precautions or treatments indicated for these allergies. \_\_\_\_\_  
\_\_\_\_\_

2. Modified Diet     no    yes explain: \_\_\_\_\_  
\_\_\_\_\_

3. Food Supplements     no    yes explain: \_\_\_\_\_  
\_\_\_\_\_

4. Medications: List all medications (including Fluoride) currently being administered to the child. \_\_\_\_\_  
\_\_\_\_\_

5. Important health information your teacher should know. Include chronic physical problems affecting the child. \_\_\_\_\_  
\_\_\_\_\_

6. History of Hospitalizations: List dates of all hospitalizations of the child. \_\_\_\_\_  
\_\_\_\_\_

7. Diseases: List all diseases the child has had. \_\_\_\_\_  
\_\_\_\_\_

Parent / Guardian Signature:	Date:
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# MADISON LOCAL SCHOOL DISTRICT

## Pre-K Program

### DEVELOPMENTAL HISTORY

Please complete the following questionnaire. The information is confidential and will be used by Pre-K staff to get to know and understand your child better.

1. Has your child ever been to preschool or day care before? \_\_\_\_\_

Where \_\_\_\_\_ How long did s/he attend? \_\_\_\_\_

2. Has your child ever received special services (i.e., speech, occupational therapy, physical therapy, etc.)?

\_\_\_\_\_

3. Did your child require any special medical care or hospitalization at birth or during the first month after birth?

\_\_\_\_\_

4. Do you have any special concerns about your child (i.e., health issues, behaviors, etc.)?

\_\_\_\_\_

\_\_\_\_\_

5. Does your child spend time in creative expression, such as imaginative play, art, song, etc? Please indicate.

\_\_\_\_\_

\_\_\_\_\_

Student Name \_\_\_\_\_

**MADISON LOCAL SCHOOL DISTRICT**  
**PRE-K PROGRAM**

**Pick-Up Information (These persons will be placed on your child's book bag tag.)**

Parent/Guardian: \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone \_\_\_\_\_

**With prior permission, my child may go home with:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Street Address, City, State, Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Street Address, City, State, Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Street Address, City, State, Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Street Address, City, State, Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Street Address, City, State, Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Street Address, City, State, Zip Code \_\_\_\_\_