



Kettering City Schools - Preschool Registration Materials

Enclosed is the paperwork needed to register a child for preschool.

Please complete all forms and return in this envelope.

Only the residential parent of the child is authorized to enroll a student.

The checklist below will assist you in making sure all information is complete.

**Your child WILL NOT be enrolled unless all forms are complete, including tuition assistance information, and requested documentation is provided.
Medical forms must be submitted.**

Forms to Complete & Return

- ☐ Registration Form (page 1-2)
- ☐ Emergency Medical Form (page 3)
- ☐ Child Medical Statement (pages 4-5)
- ☐ Status of Custody Form (page 6)
- ☐ Ethnicity-Race Form (page 7)
- ☐ Release Form (page 8)
- ☐ Transportation List (page 9)
- ☐ Preschool Student Behavioral Expectations (page 10)
- ☐ Preschool Promise Form (pages 11-12)
- ☐ Early Childhood Education Eligibility Screening Tool to apply for tuition assistance (page 13-18)

Completed Registration Returned on:

- ☐ \$20 registration fee

Documentation Required

Birth Certificate

- Passport *OR* attested passport transcript showing the date and place of birth of the child *OR*
- An attested transcript of a birth certificate

Current Immunization Records

- Please allow up to 72 hours for your pediatrician to process this request

Picture ID of Parent or Guardian

- Driver's License or Passport

Proof of Residency

- Deed or Mortgage Statement *OR*
- Current Lease signed by Landlord and Tenant

Utility Bill

- Current Utility Bill

Proof of Custody (if applicable)

- Divorced parents must provide a complete custody order or decree which indicates that the parent/guardian is the residential custodian of the child for school purposes

Proof of All Income

- 2023 Tax Return of all working adults in the household *OR*
- Four consecutive weeks of pay stubs for all working adults in the household
AND (if applicable)
- Child Support *and/or* Disability Documents

Kettering City Schools

Early Childhood Education Programs
580 Lincoln Park Blvd. Suite 105
Kettering OH, 45429
(937) 499-1456



Preschool Programs

2024-2025 School Year

The Kettering City School District offers parents/guardians two preschool options for your children:

The Integrated Preschool Program — Peer Mentors

This preschool program is designed to serve 3-5 year old students with special needs, alongside typically developing peer mentors. The program offers small class sizes with a one-to-six staff-to-student ratio. Students will receive a high quality preschool education that includes social and pre-academic preparation for entry into kindergarten.

Class times are **Monday-Thursday 8:00-10:30 AM or 12:00-2:30 PM.**

Must be 3 years old by August 1, 2024. **The cost of the program is \$220/month.

Locations:

- ★ Beavertown Elementary School – 2700 Wilmington Pike, Kettering OH 45419
- ★ Greenmont Elementary School – 1 E. Wren Circle, Kettering OH 45420
- ★ Indian Riffle Elementary School – 3090 Glengarry Drive, Kettering OH 45420
- ★ John F. Kennedy Elementary School – 5030 Polen Drive, Kettering OH 45440
- ★ Kettering Early Childhood Education Center – 2600 Holman Street, Moraine OH 45439
- ★ Oakview Elementary School – 4001 Ackerman Boulevard, Kettering OH 45429

Pathfinders Preschool

Pathfinders is an early learning program funded by the Ohio Department of Education and operated through the Kettering Schools that provides 3 and 4 year old children with a high-quality preschool education, focusing on academic and social preparation for entry into kindergarten.

Class times are **Monday-Thursday 8:30 AM-1:30 PM.**

Must be 3 years old by August 1, 2024. **The cost of the program is \$475/month.

Locations:

- ★ Beavertown Elementary School – 2700 Wilmington Pike, Kettering OH 45419
- ★ John F. Kennedy Elementary School – 5030 Polen Drive, Kettering OH 45440
- ★ Kettering Early Childhood Education Center – 2600 Holman Street, Moraine OH 45439

Extended Day

The Kettering Early Childhood Education Center opens at 7:00 AM and closes at 5:00 PM with full day care on Fridays. Spaces are limited and are on a first come, first served basis.

Locations:

- ★ Kettering Early Childhood Education Center – 2600 Holman Street, Moraine OH 45439

****The cost of the program is \$450/month.**

Both the Integrated and Pathfinders Program offers full scholarships and tuition assistance based on the family's household income and family size.

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Registration Form 2024-2025

Registration Date: _____
Fee Paid: \$20.00 N/A Cash__ Check#____
Assigned School: _____
Start Date: _____ EMIS# _____
Integrated: AM PM or Pathfinders

Section I – Student & Family Information

Child's Name _____ Date of Birth _____ Gender _____
Parent/Guardian 1 Name _____ Cell Phone _____ Call Order ____
Home Address _____ APT ____ Home Phone _____ Call Order ____
City _____ County _____ Zip _____ Work Phone _____ Call Order ____
Employer Name _____ Email _____
☐ Active Military ☐ National Guard or Reserve ☐ N/A

Parent/Guardian 2 Name _____ Cell Phone _____ Call Order ____
Home Address _____ APT ____ Home Phone _____ Call Order ____
City _____ County _____ Zip _____ Work Phone _____ Call Order ____
Employer Name _____ Email _____
☐ Active Military ☐ National Guard or Reserve ☐ N/A

Child Lives With: (please check only ONE of the following descriptions that applies to your child)

- ☐ Both Natural/Adoptive Parents ☐ Mother & Stepfather ☐ Father & Stepmother
☐ Mother only ☐ Father only ☐ Grandparent(s)
☐ Foster Parent(s) Caseworker Name: _____ Phone: _____
☐ Other: _____

Housing Arrangement: ☐ House ☐ Apartment ☐ Sharing at Residence with: _____

LIST SIBLINGS OF STUDENT LIVING IN THE SAME HOUSEHOLD

Last Name, First Name	Gender	Date of Birth	School Attending

Section II – Child’s Developmental History

My child currently receives special education services:

☐ Yes ☐ No

My child received early intervention? (Help Me Grow, outpatient therapy, etc.)

☐ Yes ☐ No

If Yes, Explain:

My child has prior child care experience? (preschool, daycare, Sunday school, etc.)

☐ Yes ☐ No

If Yes, Explain:

My child does not like tactile and/or messy activities?

☐ Yes ☐ No

If Yes, Explain:

My child is sensitive to sounds and/or lights?

☐ Yes ☐ No

If Yes, Explain:

Section III – Child’s Health Information

Child's Chronic Medical/Health Needs:	
History of Hospitalizations:	Medications: (*a medication form must be completed for each medication administered while in program attendance. Forms are available in the school office.)
Allergies/Treatments:	Dietary Needs or Restrictions:

Signature of Parent/Guardian: _____ Date: _____

Emergency Medical Authorization

Early Childhood Education Programs 2024-2025

Section 3313.712, Ohio Revised Code

Purpose of this form: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Child's name: _____ Date of Birth: _____

Parent/Guardian: _____ Daytime Phone: _____

Relationship to Child: _____ Cell Phone: _____

Parent/Guardian: _____ Daytime Phone: _____

Relationship to Child: _____ Cell Phone: _____

MUST HAVE TWO CONTACTS OTHER THAN PARENTS/GUARDIANS:

Emergency Contact 1: _____ Daytime Phone: _____

Relationship to Child: _____ Cell Phone: _____

Emergency Contact 2: _____ Daytime Phone: _____

Relationship to Child: _____ Cell Phone: _____

Complete EITHER Part I or Part II Below:

Part I – TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ Phone: _____

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) 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 concur in the necessity for such surgery, and are obtained prior to the performance of such surgery.

Facts concerning my child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date: _____ Signature of Parent/Guardian: _____

Part II – REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Date: _____ Signature of Parent/Guardian: _____

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Child Medical Statement

To be completed by a Medical Professional Only

This form meets Ohio Administrative Code

Please fax this form back to: _____

Attention: _____

Section 1: Child Medical Information

Child's Name: _____ Date of Birth: _____ Gender: M F
Height: _____ (____%) Weight: _____ (____%) BP: _____ Pulse: _____ Respiration: _____

General Physical Exam Findings:

Heart _____ Head _____ Eyes _____ Ears _____ Nose _____ Neck _____
Chest _____ Lymphatics _____ Back _____ Abdomen _____ Genitalia _____

_____ No significant findings were noted during the general physical exam.

_____ Limitations or health conditions were noted during the exam.

If health conditions noted, please specify: _____

ALLERGIES: _____

Medication	Dosage	Prescribed For

Blood Lead Screening Date: _____ **Results:** _____ **Hematocrit Test Date:** _____ **Results:** _____%

Vision (Check all that apply)

Within normal limits? Yes No (if not, specify: _____)

Wears corrective lenses? Yes No

Had eye surgery? Yes No (if not, specify: _____)

Hearing (Check all that apply)

Within normal limits? Yes No (if not, specify: _____)

History of frequent ear infections? Yes No

PE tubes inserted? Yes No (if yes, date: _____) other: _____

Diagnosed Disorders/Syndromes (Check all that apply)

☐ Seizure Disorder (specify type and frequency): _____
☐ Cerebral Palsy (specify impact): _____
☐ Down Syndrome Atlantoaxial Instability X-Ray: _____ completed (positive/negative) _____ not completed
☐ Pervasive Developmental Disorder (specify): _____
☐ Diabetes
☐ Mental Health Disorder
☐ Other: _____ Explain: _____

Behavioral Concerns (Circle all that apply)

☐ Hyperactivity ☐ Distracted ☐ Short Attention Span ☐ Withdrawn ☐ Aggression ☐ Anxiety
 Other, explain: _____

Immunization Record	Dates (Must include month/day/year)				
Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DPT, DTaP, or DT/pediatric (Diphtheria, Tetanus, Pertussis)					
Polio Vaccine					
Hepatitis B					
HIB (Haemophilus Influenza Type B)					
Varicella Zoster (Chicken Pox)					
MMR (Measles, Mumps, Rubella)					
Hepatitis A					
Influenza					
Pneumococcal					
TB Test Required for all students born outside of the US _____ Negative _____ Positive					

Immunizations: _____ complete for age _____ in progress

Exempt from Immunizations for: _____ religious conviction _____ medical reasons*

** Doctor's exemption statement form is available in the school office*

***I certify that no communicable disease is evident at the time of this examination
and the child may attend a preschool program.***

Examination Date: _____

Physician's Signature (indicate: MD, DO, NP) _____ Date _____

Phone Number: _____ Address: _____

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Status of Custody Form

This form is to be completed before a student is registered in the Kettering City Schools, and any applicable custody documents must be provided.

Student Name: _____ Date of Birth: _____

Child Lives With:

- ☐ Both Natural/Adoptive Parents — *married at time of birth?* ☐ Yes ☐ No
 - ☐ Father Only
 - ☐ Mother Only
 - ☐ Foster Family
 - ☐ Grandparents
 - ☐ Aunt *and/or* Uncle
 - ☐ Other: _____
-

If the child does not reside with both natural/adoptive parents, please check the parental status:

- ☐ Divorced; current custody document is on file with this school
- ☐ Legally separated; current document is on file with this school
- ☐ Separated – custody not on file, both parents have equal rights regarding custody
- ☐ Not married at time of birth
- ☐ Intent to gain custody paperwork is currently on file with this school
- ☐ Guardianship
- ☐ Temporary protection order or restraining order is currently on file with this school
- ☐ Other parent deceased

I understand the rights of my child's other parent. If a legal separation, divorce, or other custody change is initiated, I will furnish a copy of the custody document to the school.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

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Ethnicity/Race Data Collection Form

The United States Department of Education has issued guidelines regarding the collection of data on race and ethnicity for public school students. The federal government, which requires all states to collect this information, has developed a new way to report ethnicity and race that includes new categories.

Student Name: _____ Date of Birth: _____

PART I — Is this student of Hispanic/Latino heritage? *(choose only one answer)*

- ☐ No, not Hispanic/Latino
- ☐ Yes, Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

PART 2 — Race *(choose only one category below that best describes your child's racial identity)*

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Multi-Racial / Other *(please indicate which races best reflect your child's identity)*

Child's place of birth: _____ Country: _____

What language did your child speak when he/she was first learning to talk? _____

What language does your child usually speak at home now? _____

What language do you usually use with your child? _____

What language do the adults usually speak at home? _____

Does someone in your home read english? ☐ Yes ☐ No

Do you need help with transportation? ☐ Yes ☐ No

Are you a refugee? ☐ Yes ☐ No If yes, from which country? _____

Are you currently homeless? ☐ Yes ☐ No

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Authorizations & Releases

2024-2025 Program Year

Student Name: _____ Date of Birth: _____

Class Roster & Directory Authorizations

My Child's Name: ☐ Yes ☐ No
Family Name: ☐ Yes ☐ No
Phone Numbers: ☐ Yes ☐ No

Annual Class Roster: As required by ODE, each year the program prepares a roster for each group of children. This roster will not be furnished to any persons other than parents of children enrolled in your child's classroom.

if yes, ☐ Cell ☐ Home ☐ Work

Signature of Parent/Guardian: _____ Date: _____

Assessment, Vision, Hearing, Developmental & Speech Screening Release	Yes	No
I give permission to have my child participate in all learning and developmental screenings and assessments which are required by the Ohio Department of Education. I give permission for the preschool staff and its contractors to administer vision, hearing, developmental and speech screenings for my child.	<input type="checkbox"/>	<input type="checkbox"/>
Photography Release		
I give permission for my child to be photographed for portfolio projects, classroom bulletin boards, and other uses within the school building where he/she attends.	<input type="checkbox"/>	<input type="checkbox"/>
I give my permission for my child to be photographed/video recorded that may be included in articles, publications (i.e. yearbook, class picture), videos, et cetera and placed on school websites.	<input type="checkbox"/>	<input type="checkbox"/>
Technology Access		
I have access to reliable internet connection.	<input type="checkbox"/>	<input type="checkbox"/>
I have access to a phone and/or computer.	<input type="checkbox"/>	<input type="checkbox"/>

I have read and have specified in each section, the type of permission I am granting.

Signature of Parent/Guardian: _____ Date: _____

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Transportation List

2024-2025 Program Year



Student Name: _____ School: _____

The following adults are authorized to pick up the above named child from school. Please include parents/guardians.

Name	Relationship to Child	Phone Number

The following adults are **NOT** permitted to pick up my child.

Name	Relationship to Child	Phone Number

The adults named above are authorized to pick up my child in the event I am unable to do so. I will inform them to bring a driver's license to show the teachers and aides until school staff are familiar with them. I understand that my child will NOT be released to anyone not on this list. I understand it is my responsibility to inform the school by written note or phone call, when there is an unforeseen event that would require an unlisted individual to transport my child from school. I will make every effort to keep this list updated.

Signature of Parent/Guardian: _____ Date: _____

Date updated: _____ Signature of Parent Guardian: _____

Date updated: _____ Signature of Parent Guardian: _____

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Preschool Student Behavioral Expectations

Kettering's Pathfinder Preschool Programs serves students who are on track to attend full-day kindergarten the following school year. You may be wondering what it means to be "on track".

Kettering's Integrated Preschool Programs need typically developing students who can serve as peer mentors for our students with special needs, especially in the areas of communication and behavior. You may be wondering what it means to be a "peer mentor".

Below is a listing of age-appropriate behaviors for children between the ages of 3 and 5.

Please complete the checklist by circling 'Yes' or 'No' to describe your child's current behavior **most of the time**:

- | | | | |
|-----|------------|-----------|--|
| 1. | Yes | No | Is your child toilet trained (wears underwear, not pull-ups) and lets an adult know when she/he needs to use the restroom? |
| 2. | Yes | No | Is your child able to communicate his/her feelings (including sadness and frustration) using words that can be understood? |
| 3. | Yes | No | Is your child able to attend to a non-preferred adult-directed activity for the same number of minutes as his/her age? |
| 4. | Yes | No | Is your child able to drink from an open cup with minimal spillage? |
| 5. | Yes | No | Is your child able to play independently for at least 5 minutes (not including items with a screen)? |
| 6. | Yes | No | Is your child able to follow simple directions from adults, without protest, most of the time? |
| 7. | Yes | No | Does your child cry, scream, or have tantrums when told "no"? |
| 8. | Yes | No | Is your child independent in self-care (i.e. pull up pants or put on coat)? |
| 9. | Yes | No | Does your child interact with other children and adults appropriately, keeping hands and feet to self? |
| 10. | Yes | No | Is your child able to calm him/herself without the use of pacifiers, blankets, or bottles at school? |

Please complete the form below to indicate that your responses are accurate. We reserve the right to contact you to schedule a meeting if the behavior you describe is different in the school environment.

If you have concerns about your child's development and suspect a disability, please call us for information about the referral process for a free screening:

Julia Timberlake, Parent Mentor (937) 499-1460

Dawn Potter, Preschool Special Education Coordinator (937) 499-1536

Staff Reviewed at Registration

Initials: _____

Date: _____

Child's Name: _____ Date of Birth: _____

Staff Reviewed in Fall

Initials: _____

Date: _____

Parent/Guardian's Signature: _____ Date: _____



Preschool Promise
Application
2024-2025

Child's Name: _____ Date of Birth: _____

Gender: M / F Address: _____

Guardian Name: _____ Name of Preschool: _____

Phone Number: _____ Email: _____

The release below gives Preschool Promise permission to gather basic information about your family that you have already given to your Preschool Provider so you don't have to complete another application.

Preschool Promise and School District Release (once child enters kindergarten): I hereby allow Preschool Promise, Inc. and other associated and sponsoring agencies to collect and share data about my child's preschool assessment scores, including but not limited to, school attendance, K-3 reading intervention/special needs participation, and any other state standardized achievement assessment scores now and in the future. Additionally, I hereby authorize my child's school district to release Preschool Promise, Inc. any data regarding the kindergarten screening and assessment scores relating to body awareness, spatial concepts, memory of sentences, phonemic awareness, vocabulary, letter id/letter sounds/number awareness, visual motor, and speech/vision/hearing. This data will only be used for research, education, and/or funding purposes. Preschool Promise shall comply with the Family Educational Rights and Privacy Act, 20 U.S.C. Section 1232g, as applicable. I also understand that my child will receive one free book/month in the mail.

Preschool Provider and County Job and Family Service Release: Further, in order to help with the completion of this application, I hereby authorize my child's school district, Preschool Provider, and/or the Montgomery County Job and Family Services to release to Preschool Promise, Inc. certain information regarding my family and/or my child that it may have on file or in its databases, including but not limited to the child's date of birth, household size, household income, residency, custody information, and child care authorization stating weekly co-payment (if requesting tuition assistance) and any other family and demographic information outlined and requested in this application. I hereby consent to such disclosure of my family and my child's information by my child's school district, preschool provider and/or the Montgomery County Dept. of Job and Family Services to Preschool Promise, Inc. I, as the parent/legal guardian of the child, authorize Preschool Promise, Inc. to release any information in the application to individual preschool providers for the purpose of record keeping, audits and improving access to quality preschool education.

Text Release: By participating in Preschool Promise, you agree to receive Preschool Promise information and Kindergarten Readiness Tip messages via text platform One Call Now. You agree to receive multiple messages from both providers, including up to four messages per week from Preschool Promise. You also agree to One Call Now's terms and conditions, available at <https://www.onecallnow.com/service-agreements/> and Privacy Policy available at <https://www.onsolve.com/privacy-statement/>. Data & message rates may apply. You may cancel your receipt of One Call Now text messages at any time by "opting out" when prompted or following the instructions provided in the terms and conditions information referenced above.

Tuition Assistance Policy (if receiving): If receiving tuition assistance, I understand that if my child attends less than 60% of his/her scheduled service days for two months, not necessarily consecutively, I will no longer be eligible for tuition assistance. If your child attends fewer than 60% of his or her scheduled days/month, you and your provider will receive a letter stating that the child is on an "Attendance Inquiry" list. **If your child misses more than 60% of his or her scheduled days a second month (not necessarily consecutively), you will lose all future tuition assistance.** Families that experience extreme hardships that cause their children to fall below the attendance requirement may request special consideration and, if their appeal is granted, they may not lose their eligibility and tuition assistance. Those exceptions will be considered on a case-by-case basis. If your child changes providers in the middle of a month, tuition assistance will not be awarded to the new program until the following month, unless the family can prove an immediate transfer was required. You will be responsible for the difference in payment to the provider. The exception to this policy is for school districts where there is a Preschool start date in the middle of the month to follow the school year. Payment for that month will be prorated.

Guardian's Signature _____ Date _____

- 1) Allow Preschool Promise to use photos/videos of my child in the promotion of Preschool Promise? ☐ Yes ☐ No
- 2) Total number of people in your household (*do not include children over 18 or non-guardian adults*)? _____
- 3) Child's primary language: ☐ English ☐ Spanish ☐ Turkish ☐ Arabic ☐ Swahili ☐ Mandarin ☐ Kinyarwanda
☐ Other, please specify: _____
- 4) Child's ethnicity: ☐ Asian-American ☐ African American ☐ Hispanic ☐ Multi-Racial ☐ Native American ☐ White
☐ Other, please specify: _____
- 5) Primary guardian's highest level of education: ☐ Less than high school ☐ High school or GED ☐ Some college
☐ Associate degree ☐ Bachelor degree ☐ Master degree ☐ Ph.D.
- 6) Child's T-Shirt Size: ☐ Youth XS (2-4) ☐ Youth S (6-8) ☐ Youth M (10-12) ☐ Youth L (14-16)
- 7) Primary Guardian's T-Shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL ☐ 5X
- 8) Are you currently receiving PFCC/Title20: ☐ Yes – Case#: _____ ☐ No

Preschool Promise Research Consent

Preschool Promise is helping Preschools in Montgomery County keep improving. The University of Dayton's Richard Stock and Mary Fuhs are doing research to learn what instruction benefits children the most. We would like your child to be part of our research. If you agree, we will collect information regarding your child during Preschool and the K – 3rd grade years, including your child's school assessments, surveys about your child's Kindergarten experience, attendance and demographic information, and their state student ID number. Also, we will randomly select Preschools for more in-depth individual assessments. If your child's school is selected, your child will be asked to do short assessments at their school in the Fall and again in the Spring. One assessment is a card game played on an iPad that is similar to the game Simon Says (5-7 minutes). Others involve picture books and asking questions about literacy, math, and language (15-20 minutes). Children typically enjoy doing these assessments but may stop participating at any time without any consequences. These assessments will be done in the classroom or hallway at school. All of this information is routinely collected by schools as part of their normal procedures and will be treated confidentially and securely stored. Your child's name will be kept separate from all assessment data we collect. Your name and your child's name will not be shown or published anywhere. Preschools may be given results from our assessments to improve their teaching, but all scores will be classroom or center/school averages. No child's individual score will be shared.

Please feel free to contact us at any time: Richard Stock, (937) 229-2453, rstock1@udayton.edu, Mary Wagner, (937) 229-2775, mfuhs1@udayton.edu. You also may contact the chair of the University of Dayton Research Review and Ethics Committee, Benjamin Kunz, Ph.D., at (937) 229-2678 or rrec@udayton.edu.

I voluntarily agree to allow my child to participate in this study. The researchers have answered all my questions about procedures and my participation. I understand that the research team will be available to answer any questions I have in the future. I also understand that I may end my participation in this research at any time without penalty and that the research team may end my participation as well. Leaving the study or choosing not to participate will in no way affect our family's participation in Preschool Promise. I am 18 (eighteen) years of age or older.

Signature of Parent/Date

Parent's Name (printed)

The University of Dayton supports researchers' academic freedom to study topics of their choice. The topic and/or content of each study are those of the principal investigator(s) and do not necessarily represent the mission or positions of the University of Dayton.

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.

☐ Yes ☐ 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.

☐ Yes ☐ 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		
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		

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

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

How do I apply for Early Childhood Education Services (ECE)?	<ul style="list-style-type: none">• Complete the screening tool, JFS 01121.• Submit this form to your provider.• Do not submit the form to the Ohio Department of Education.• Your provider will let you know if you qualify.
How do I apply for Publicly Funded Child Care?	<ul style="list-style-type: none">• Complete the screening tool, JFS 01121, and the JFS 01122 Publicly Funded Child Care Supplemental Application, answering as many questions as you can. Be sure to sign both forms.• Submit both the JFS 01121 and JFS 01122 to your local county agency.• Attach verifications to the JFS 01122 (see verification requirements below).• A verifications checklist will be mailed to you within 10 days of your application date if more information is needed to make a decision on your case.• You will have 30 days from the date the county receives your application to provide all needed information.
What verifications do I need for publicly funded child care?	<ul style="list-style-type: none">• Proof of income: Verification of income includes but is not limited to paystubs, tax records, award letters, child support orders, etc.• Proof of any child support paid.• Proof of citizenship or qualified alien status for children in need of care: If the county agency verifies that you have already provided proof of citizenship to qualify for OWF, you will not have to provide it a second time.• Proof of a qualifying activity for all caretakers in the household: Verification of a qualifying activity includes but is not limited to an official school schedule, work schedule, employment verification, self-sufficiency contract, etc.• Provide the name and address of an eligible child care provider chosen for each child in need of care. (See below for tips on choosing a provider).
What is Step Up To Quality?	<p>Step Up To Quality helps families identify child care programs that go beyond the minimum standards of licensing. Star rated programs demonstrate higher levels of quality in a variety of ways. For more information, visit the ODJFS child care website at http://jfs.ohio.gov/cdc/index.stm and click on "Step Up To Quality."</p>
How do I choose a Provider?	<p>ECE: If you would like to view a map of early childhood education providers, visit http://education.ohio.gov/Topics/Early-Learning/Early-Childhood-Education-Grant.</p> <p>Publicly Funded Child Care: Parents may select any program approved to offer publicly funded child care. These programs include centers, family child care homes and in-home aides located throughout the state of Ohio.</p> <ul style="list-style-type: none">• If you would like assistance with selecting a publicly funded child care provider, you may contact your local Child Care Resource and Referral Agency. Visit http://jfs.ohio.gov/cdc/families.stm for contact information.• You may use the ODJFS Child Care Directory to look for programs that fit your child care needs at http://childcaresearch.ohio.gov/. The directory allows you to search by location, type of program, services offered and days and hours of operation. Information is provided about each program including Step Up To Quality rating, any additional accreditation or affiliation, licensing inspections and substantiated complaints.

Continued on next page

When will my eligibility begin?	<p>ECE: You will be notified by your provider when you may begin care.</p> <p>Publicly Funded Child Care: Your eligibility for the publicly funded child care program is determined within 30 days from the date the signed application is received by the county. If this application is approved and you are eligible for child care benefits, the county agency may authorize payment for child care from the date the county received this application.</p>
How do I get help with completing this application?	<p>ECE: If you need assistance with this application, ask your provider.</p> <p>Publicly Funded Child Care: If English is not your primary language, the county agency will provide someone who can help you understand the questions on this application. If you have a disability, are hearing impaired or visually impaired, the county agency will help you complete this application.</p>
What if my child has a disability or I suspect my child may be developmentally delayed?	<ul style="list-style-type: none"> • To learn more about Medicaid health screenings and early intervention services for your child, please visit the Ohio Department of Job and Family Services child care website at http://jfs.ohio.gov/CDC/childcare.stm and click on "Families." • Publicly Funded Child Care: Your child care provider may qualify for additional assistance if they must make special adaptations for your child. Your provider may contact your county agency for more information.
How do I make a complaint about a provider?	<p>ECE (ODE): If the program is licensed by ODE, call 614-466-0224.</p> <p>Publicly Funded Child Care (ODJFS): If the program is licensed by ODJFS, call 1-877-302-2347, option 4</p>