



Bowling Green Preschool, Bowling Green, OH 43402



Preschool Registration Packet 2024-2025 School Year

Child's Name _____

Birth Certificate	
Parent ID	
Proof of Residency	
Copy of Custody Documents <i>(if applicable)</i>	
Admission Agreement	
Emergency Contacts	
Preschool Program Application	
Child History Form	
Child Interest Survey	
Child Screenings Form	
Annual Family Income Survey	
Allergic Reactions Form	
Child Medical Form <i>(to be completed by physician's office)</i>	
Child Immunization Record	

Please return all Registration Paperwork to the Central Administration Office

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BOWLING GREEN CITY SCHOOL DISTRICT ADMISSION AGREEMENT

Students are enrolled in the Bowling Green School District under strict guidelines established by Ohio Law-Ohio Revised Code especially the Missing Children Act. Please understand the necessity of the statutory requirements listed below:

Parent means either parent unless the parents are separated or divorced, in which case *parent* means the parent/guardian with legal custody of the child. Only students who live in the school district with a *parent* as defined above may be registered for admission to the Bowling Green City School District. (See Reference #3 below.)

Students who live outside the district may be admitted, if approved, via the inter-district enrollment. The same procedures will apply.

School administrators will require proof of legal custody prior to admitting any student.

- 1) A parent/legal guardian must accompany the child and complete school forms before enrollment can take place.
- 2) Show proof of the age of the child.
 - a. birth certificate is preferred, but the following will be accepted:
 - i. a passport or attested passport transcript showing the date and the place of birth.
 - ii. an attested transcript of a birth certificate.
 - iii. an attested transcript of a baptism certificate or other religious record showing the date and place of birth.
 - iv. an attested transcript of a hospital record with the date and place of the birth.
 - v. a birth affidavit.

If the child's parent/guardian needs to obtain a birth certificate, they may call the Wood County Health District at 419-354-1050

- 3) Show proof of custody if a divorce or separation is involved or the name of the enrolling person is different from the names on the proof of age document. This must be a court assigned custody, signed by a judge, as opposed to a letter from an attorney or notary. If the appropriate documents are not available, see #7 below.

Does the child live with:

- both natural parents: married (no custody papers required)
- natural mother: no father listed on birth certificate (no custody papers required)
- natural mother: father listed on birth certificate, never married (no custody papers required—unmarried female who gives birth to a child is the "sole residential parent and legal custodian" of the child until a court declares otherwise)
- natural father: mother & father listed on birth certificate, never married (CUSTODY PAPERS REQUIRED—unmarried female who gives birth to a child is the "sole residential parent and legal custodian" of the child until a court declares otherwise)
- both natural parents: separated, not divorced (no custody papers required; birth certificate required)
- both natural parents: together, not married (no custody papers required; birth certificate required)
- adoptive parents (adoption papers required)
- one natural parent and one step-parent: other natural parent deceased (no custody papers required)
- one natural parent: other parent deceased (no custody papers required)
- one natural parent and one step-parent (CUSTODY PAPERS REQUIRED)
- one natural parent: other parent living (CUSTODY PAPERS REQUIRED)
- neither natural parent (CUSTODY PAPERS REQUIRED)
- grandparents - A child in the custody of the parent, but resides with the grandparent **[and does not require special education]**, may attend school where the grandparent lives IF PRIOR to enrollment in any school year, produces a **power or attorney or caretaker authorization affidavit** that has been notarized and filed with the juvenile court or court of appropriate jurisdiction foster parents or legal guardian: An official court journal entry, including custody information and school district responsible for tuition [Ohio Revised Code (ORC) 2151.357]

- 4) Proof of Residency - Proof of residency is required in the form of dated:
 - a. property tax statement, current voter registration card
 - b. real estate purchase/sales agreement for a house, a lease or rental contract, current rent payment receipt
 - c. current gas, water, or electric bill (within the last 30 days). If appropriate proof of residency is not available, see #7 below.

5) Health Documents Required

- a. Proof of Immunizations - The parents must supply information pertaining to certain State Required immunizations and other health related information necessary for the safe participation of the child in the educational program. (A religious/philosophical waiver is available.)
- b. Physical Examination - For entrance in the Bowling Green Schools, each child should present a report of physical (also dental for kindergarten) examination by a licensed doctor. The required Ohio Department of Health (ODH) Physical Examination form is available from the on-line system. [Most children will have had an exam at the initial enrollment in school at the kindergarten level, and it will be included in the information sent by the previous district. If this exam is not available from the previous school, a physical will need to be completed as part of the entrance requirements.]
- c. Emergency Medical Authorization Form - Parents/guardians are required to provide the school with emergency medical information to be used in case of emergency. The law requires that this information be updated each year even if there is no change in status. Students will not be permitted to attend school unless this information is provided, and the information may be taken to any school activity the student attends away from school. (A religious/ philosophical waiver is available.)

6) Academic and Attendance History - Information regarding Honors or special classes from the previous school are critical in placing the student into the appropriate academic program. Parents will be required to sign a release form giving permission for the previous district to send official records of the child.

Home Schooled Student Placement in School - ORC 3301-34-06: The school district or residence shall enroll or reenroll a child who has been home educated without discrimination or prejudice. The Superintendent shall determine the appropriate placement of such child in accordance with Section 3319.01 of the Revised Code. In making the placement decision, the Superintendent shall consider:

- a. The child’s most recent annual academic assessment report;
- b. Requiring the child to take any or all of the nationally normed, standardized achievement tests that are regularly scheduled for district pupils of similar age; and
- c. Other evaluation information that may include interviews with the child and/or parent(s).]

7. **If the parent is unable to provide the information required above, the student will not be enrolled.** If extenuating circumstances exist, the Principal or Superintendent may authorize the enrollment of the student and allow the following time limits to produce the necessary documents:

- a. The parent/legal guardian may be granted **ten (10)** school days to produce the birth certificate and/or custody papers and the previous school's records. If the documents are not produced, this **ten (10)** day period expires and the **child will be withdrawn from school**. Police authorities will be notified that the child may be a missing child under Ohio law (ORC 2901.13).
- b. If custody of the child is in the process of being transferred, the parent/legal guardian will be given an affidavit stating that a change of custody is in progress. **The duly notarized affidavit must be returned in five school days. If the affidavit is not returned, the child will be withdrawn from school.** Police authorities will be notified that the child may be a missing child under Ohio law (ORC 2901.03). After receipt of the affidavit, the parent/legal guardian will have sixty **(60) days to produce the custody papers**. If the papers are not produced, the child will be withdrawn from school. Police authorities will be notified that the child may be a missing child under Ohio law (ORC 2901.30).
- c. **Proof of residency must be received in five (5) school days.** If proof of residency is not received, the child will be withdrawn. Police authorities will be notified that the child may be a missing child under Ohio law (ORC 2901.03).

I have read and understand the document requirements and final dates for submission. I understand my child will be withdrawn from school and legal authorities will be notified if I cannot produce these documents.

Parent/Legal Guardian Signature _____ Date

Printed Name of the Student

Administrative Office Use Only
IF #7-UNABLE TO PROVIDE REQUIRED DOCUMENTATION

Approved _____ Date _____
Superintendent or Administrative Offices designee



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Emergency Contacts

(Required for ALL students)

Child's Name _____

Parent/Guardian Name _____

Cell (Primary) _____

Parent/Guardian Name _____

Cell (Primary) _____

***In the event that a parent/guardian cannot be reached, please list 3 additional emergency contacts**

Emergency Contact #1:

Name _____

Cell (Primary) _____

Relationship to the Child _____

Emergency Contact #2:

Name _____

Cell (Primary) _____

Relationship to the Child _____

Emergency Contact #3:

Name _____

Cell (Primary) _____

Relationship to the Child _____



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**Preschool Program Application
2024-2025 School Year**

(Required for ALL Students)

Child's Name _____
First Middle Last

Child's Address _____
Number Street City State Zip code

Child's Ethnicity:

- American Indian
- Asian
- Native Hawaiian/Other Pacific Islander
- Black/African American (Non-Hispanic)
- Hispanic/Latino
- White (Non-Hispanic)

Child's Gender (*please check one*) Male Female

Child's Date of Birth (mm/dd/yyyy) _____

Birth Place City _____

Home Phone _____

Parent/Guardian Name _____

Parent/Guardian Daytime Phone Number _____

Parent/Guardian Email Address _____

Parent/Guardian Name _____

Parent/Guardian Daytime Phone Number _____

Parent/Guardian Email Address _____

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Please indicate your preference

*Understand that these are only preferences and NOT a guarantee of assignment or time. Times are subject to change

ALL SESSIONS ARE MONDAY – THURSDAY. NO CLASSES ON FRIDAY

A.M. (9:00a – 11:30a)

P.M. (12:30p – 3:00p)

Please read the following statements and initial your understanding and agreement on each line.

Forms

_____ I agree to submit ALL REQUIRED forms, including the Child Medical Forms signed by a licensed physician, by the designated date. I understand that by not doing so my child's spot will be opened up for someone else.

Transportation

_____ I agree that I will provide transportation to and from school for my child.
(Children are NOT permitted to arrive early or stay late)

Program Fees

_____ I agree to pay the MONTHLY tuition of \$97 and make payments by the 15th of every month. I understand that missed payments will result in my child's spot being opened up for another student.

_____ I understand that there is no reimbursement for student absences or weather cancellations.

Parent/Legal Guardian Name (Please print)

Parent/Legal Guardian Signature

Date _____



Child History

(Required for NEW Students Only)

Child's Name _____ DOB _____ Male Female

Other Family Information

With who, has the child lived with for most of the past year?

Natural/Adoptive Parent(s) Guardian Other, please specify _____

Name of parent(s)/guardian(s) child lives with: _____

Other children in the family – List _____

Other people living in the house _____

What language(s) are spoken in the home? English Other (specify) _____

Preschool/Child History

Has your child attended preschool/child care before? Yes No

If yes, where? _____ For how long? _____

Support Services

Has your child received any therapeutic services? Yes No

(Speech/Language, Counseling, Occupational Therapy)

If yes, please explain _____

(*Please provide copies of reports)

Medical History

Birth

Where there any significant complications during pregnancy? Yes No

If yes, please explain _____

Delivery (please check all that apply)

Full Term Premature (how early? _____) Overdue (how long? _____)

Did baby go home with birth mother? Yes No

If no, please explain _____

Birth weight _____ lbs _____ oz

Was medical intervention needed for the child following birth? Yes No

If yes, please explain _____

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Child's Health Since Birth

Vision

Has your child had trouble seeing? Yes No

Does your child hold books and objects close to their face? Yes No

Have your child's eyes ever looked crossed? Yes No

Has your child been to an eye doctor for an examination? Yes No

Name of doctor _____ Date _____

(Please provide a copy of your report if available)

Additional information _____

Hearing

Has your child had frequent ear infections? Yes No

Has your child ever had trouble hearing? Yes No

Has your child's hearing been tested? Yes No

By whom _____ Date _____

(Please provide a copy of your report if available)

Additional information _____

Medical Diagnosis

Has your child received any medical diagnosis? Yes No

If yes, please explain _____

Coordination

Has your child ever had trouble walking, climbing, reaching/holding things? Yes No

If yes, please explain _____

Dental

Has your child ever been seen by a dentist? Yes No

Are there any dental problems? Yes No

If yes, please explain _____

Health

Has your child ever had any significant injuries? Yes No

If yes, please explain _____

Has your child ever been hospitalized? Yes No

If yes, please explain _____

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(Medical History Continued)

Does your child have an ongoing medical service provider? Yes No

Has your child ever had wheezing or asthma? Yes No

If yes, how is it treated? (medication, breathing machine) _____

Is your child on any type of medication? Yes No

If yes, please explain _____

Please describe any other health concerns _____

Has your child had chicken pox? Yes No

Nutrition

Does your child eat or chew things that are not food? (Paper, dirt, eraser) Yes No

If so, what? _____

Is your child on a special diet? Yes No

If so, what kind? _____

Does your child have trouble chewing/swallowing? Yes No

Do you have concerns about your child's nutritional status or eating habits? Yes No

If yes, please explain _____

What are your child's favorite foods? _____

Child Development

Behavior (please check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Is very quiet | <input type="checkbox"/> Is affectionate | <input type="checkbox"/> Is destructive |
| <input type="checkbox"/> Bites nails | <input type="checkbox"/> Is irritable | <input type="checkbox"/> Has temper tantrums |
| <input type="checkbox"/> Wets bed | <input type="checkbox"/> Is highly active | <input type="checkbox"/> Has toileting accidents |
| <input type="checkbox"/> Is often afraid | <input type="checkbox"/> Sucks thumb | <input type="checkbox"/> Does not sleep through the night |
| <input type="checkbox"/> Has short attention span | <input type="checkbox"/> Difficult to parent | <input type="checkbox"/> Has difficulty playing w/ other children |
| <input type="checkbox"/> Has difficulty separating from parents | | |

Please explain _____

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(Child Development Continued)

Can your child:

- | | | |
|---|------------------------------|-----------------------------|
| Feed themselves using a spoon and/or fork? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wash and dry their own hands? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Help with dressing or dress with little assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Toilet independently? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stay with a babysitter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Speak so that they can be understood by others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Express their thoughts and needs easily? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Does your child:

- | | | |
|--|------------------------------|-----------------------------|
| Play with blocks, boxes, cups or other construction toys without help? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use crayons and/or markers to scribble or draw? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Listen to stories being read? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Turn pages of a book and look at pictures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Recall stories or events? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Enjoy playing alone or with imaginary friends? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Talk with your friends/relatives who come to visit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Follow simple, age-appropriate directions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do you have any concerns about your child's development? Yes No

If yes, please explain _____

Are there other things you would like to tell us about your child? _____

Parent Signature _____ Date _____



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Child Interest Survey

(Required for ALL students)

Child's Name _____

Parent/Legal Guardian Name _____

Occupation (please be specific) _____

Parent/Legal Guardian Name _____

Occupation (please be specific) _____

Preschool children learn best when they have first-hand experiences and when they are highly interested. In order to maximize children's learning at the preschool age, teachers construct learning activities based on the children's experiences and interests. We need your assistance in helping is create the best learning environment for your child by identifying some of your child's experiences and interests.

1. What are your goals in having your child attend preschool?

2. What are your child's favorite activities?

3. How does your child spend most of his/her time?

4. What are some favorite television programs?

5. What experiences has your child had that have been especially meaningful? (vacations, family event, moving, etc)

6. What holidays does your family celebrate?

Any special customs: _____

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7. Are there any family/cultural traditions/foods that we might include in our class program? If yes, please explain.

8. Which topics might be of special interest to your child?

- Community helpers (policeman/policewoman, fireman/firewomen, dentist, doctor, etc.)
- Transportation
- Animals
- Food
- Nursery Rhymes

Please add other interests _____

Parent/Guardian Signature _____ Date _____



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Child Screenings

(Required for ALL students)

Child's Name _____

In order to provide appropriate programming for all children, the Bowling Green Preschool team (teachers, psychologists and therapists) may conduct child screenings during the year. These screenings will be conducted during the regular school day. Teacher observations will be ongoing throughout the year.

Any of the following may occur:

1. Review of relevant child records
2. Interview with parent/guardians(s)
3. Observation(s) of child
4. Screenings (developmental, vision, hearing, behavior, speech and language)

*Parents will be notified if there are any areas of possible concern

Child's Development

Do you have any concerns about your child's development in the following areas?

Behavior, Self-Care or Social? If so, please explain _____

I understand that the Bowling Green Preschool Team will be screening my child in order to provide appropriate educational programming.

Parent/Legal Guardian Name (Please print)

Parent/Legal Guardian Signature

Date



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Annual Family Income Survey

(Required for ALL students)

Child's Name _____

Child's Address _____

Home Phone _____

Parent/Guardian Name(s) _____

Daytime Phone# _____

PLEASE COMPLETE THIS CHECKLIST

1. Number of people in your household _____
2. Circle your appropriate total family income below according to the number of family members in your household.

United States Department of Health and Human Services 2024 Poverty Guidelines

Household Size	100%	125%	150%	175%	185%	200%
1	\$0 - \$15,060	To \$18,825	To \$22,590	To \$26,355	To \$27,861	To \$30,120
2	\$0 - \$20,440	To \$25,550	To \$30,660	To \$35,770	To \$37,814	To \$40,880
3	\$0 - \$25,820	To \$32,275	To \$38,730	To \$45,185	To \$47,767	To \$51,640
4	\$0 - \$31,200	To \$39,000	To \$46,800	To \$54,600	To \$57,720	To \$62,400
5	\$0 - \$36,580	To \$45,725	To \$54,870	To \$64,015	To \$67,673	To \$73,160
6	\$0 - \$41,960	To \$52,450	To \$62,940	To \$73,430	To \$77,626	To \$83,920
7	\$0 - \$47,340	To \$59,175	To \$71,010	To \$82,845	To \$87,579	To \$94,680
8	\$0 - \$52,720	To \$65,900	To \$79,080	To \$92,260	To \$97,532	To \$105,440

*For family units with more than 8 members, add \$5,380 for each additional member.

____ I/We verify that this information is accurate and will notify Bowling Green Preschool if our income changes during the school year.

____ We prefer not to provide this information

Parent/Guardian Signature _____ Date _____



Allergic Reactions

(Required for ALL students)

Child's Name _____

My child has no known allergic reactions

My child has the following allergies

Food

Food _____
Reaction _____
Treatment _____

Food _____
Reaction _____
Treatment _____

Food _____
Reaction _____
Treatment _____

Other

Bee Stings _____
Reaction _____
Treatment _____

Latex
(balloons, gloves) _____
Reaction _____
Treatment _____

Pets _____
Reaction _____
Treatment _____

Other _____
Reaction _____
Treatment _____

**Please attach additional pages if necessary.*

Parent/Guardian Signature _____ Date _____



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Child Medical Form

(To be completed by physician)

Child's Name _____

Date of Birth _____

Height _____

Weight _____

Limitations or health conditions (including allergies, medications and dietary restrictions)

Please attach a copy of the child's immunization record with dates and doses of all immunizations

Immunizations	Please Circle One	
Complete for age	Yes	No
In Process	Yes	No

Exempt From Immunizations	Please Circle One	
Complete for age	Yes	No
In Process	Yes	No

Required for children enrolled in an Early Childhood Education Grant Program or Preschool Special Education Program				Reason not completed (Check which one applies)		
Assessments/Screenings	Completed		Date Completed	Health Professional Decision	Other (Examples: religious conviction, insurance coverage, etc.) Please explain.	
Vision	Yes	No				
Hearing	Yes	No				
Dental	Yes	No				
Lead	Yes	No				
Hemoglobin	Yes	No				

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

Signature of Examining Physician/Physician's Assistant or Advanced Practical Nurse (Circle one) Address: Phone:	Date of Exam:
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