



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 new requirement.

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:

Per state law, 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:

ALL Grant applicants **MUST** apply through the state @ ssp.benefits.ohio.gov. Check Early Childhood Eligibility. **Income Verification: 2024 tax return, Ohio Works First (OWF), Supplemental Nutrition Assistance Program (SNAP), Women, Infants & Children (WIC), Medicaid or Ohio Direction Card.** The grant program is available to any 3 or 4 year old. He/she must not turn 5 by September 30, 2025. We have allocated spaces and you must complete all paperwork in order to have a space in the program. Tuition will be adjusted based on your eligibility.

POTTY TRAINING:

Your child should be potty trained by the start of school. Exceptions are made for students whose needs require it but on an individual basis.

Office use only
Start date _____
Paid _____

MADISON LOCAL SCHOOL DISTRICT PRE-K PROGRAM 2025-2026

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) _____

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

_____ 12:30-3:00 p.m. M-F

_____ 8:30-11:00 a.m. M-F

_____ 12:30-3:00 p.m. M-F

Grant Program open to 3 & 4 year olds

****Must not turn 5 by September 30, 2025****

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

\$110/month

_____ 12:30 - 3:00 p.m. M - Th

\$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.

- Has your child ever been to preschool or daycare before? _____

Where _____ How long did s/he attend? _____

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

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

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

- 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 _____