

## Falcon Fives

Catherine A. Dorbish, Head Principal  
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[www.austintownschools.org](http://www.austintownschools.org)



"We provide an inspiring education that strengthens and prepares our students for unlimited future opportunities."

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Dear Falcon Fives Families,

In order to be eligible for the Falcon Fives PK program, children must be four years old and fully potty-trained. Children who are already age eligible for kindergarten but need an extra year of preparation, such as "summer birthday" children, are eligible to attend the program, as well.

The program is \$350 per month, with payment due according to the schedule included in the packet. There is also a \$50 registration fee. Payments can be made by cash, check, or money order (made payable to Austintown Local Schools). The registration fee and first month's tuition (\$350) are due by Falcon Fives open house, or the first day of the 2026-2027 school year, and are non-refundable.

When packets are complete, please return them to Austintown Elementary School's main office (AES-look for the flagpole), and ask for Mrs Dorbish. If you need anything copied (driver's license, birth cert., etc.) we can do that for you when you return the packet to AES (please bring the necessary paperwork with you). Registration packets must be fully completed when submitting. Packets are due by March 24, 2026, in order to secure your child's seat in the program. Completed packets will be accepted until all spots are filled.

Start/end times of the program are subject to change. Each year, we base our program times off of our elementary school hours. As AES receives updated information for the year (including the school calendar), we'll be sure that you receive it. There will be an open house in August, with the date/time TBD. Please contact us if you have questions about our Falcon Fives PK program. We are looking forward to having your little one with us.

Thank you,

*Catherine Dorbish*

Catherine Dorbish  
AES Head Principal



# Falcon Fives Registration Checklist

Student ID # \_\_\_\_\_

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

Registration Appointment Date: \_\_\_\_\_

Time: \_\_\_\_\_

## REQUIREMENTS TO REGISTER IN THE AUSTINTOWN LOCAL SCHOOLS

All documentation below **MUST** be provided at the time of Falcon Fives registration. Failure to submit all necessary paperwork during the date and time of registration may result in being placed on a "waitlist" for Falcon Fives.

The following documentation shall be provided on the date of the registration appointment:

- \_\_\_\_\_ Student Immunization Records
- \_\_\_\_\_ Parent/Guardian Proof of Identity (Photo ID/Driver's License)
- \_\_\_\_\_ Official Birth Certificate (raised seal and state-issued)  
(all immigrants must provide a current Passport and Visa/Green Card)

If Applicable, please provide:

- \_\_\_\_\_ Proof of Custody Documentation/Most Recent Court Order (Foster placed paperwork)  
\*All must be filed and time-stamped with the court
- \_\_\_\_\_ Copy of Current ETR and IEP (if applicable)

**MUST PROVIDE TWO (2) OF THE FOLLOWING (WITH NAME OF PARENT/GUARDIAN REGISTERING THE CHILD):**

- \_\_\_\_\_ Current Utility Bill (gas, electric, water, or sewer)
- \_\_\_\_\_ Lease Agreement/Mortgage Documents/Closing Papers
- \_\_\_\_\_ Current vehicle Registration with address
- \_\_\_\_\_ Current payroll stub
- \_\_\_\_\_ Current automobile insurance

**Austintown residency is currently optional to be enrolled in the Falcon Fives Program.**

\*\*\*\*\* FOR AUSTINTOWN SCHOOL USE ONLY \*\*\*\*\*

Student Registration Form: \_\_\_\_\_

Nurse (Shot Records): \_\_\_\_\_

Parental Information Form: \_\_\_\_\_



Austintown Local School District  
2026-2027 Falcon Fives Registration Form  
Please print as neatly as possible

**Student Status (circle one): Resident of Austintown OR Open Enrollment In (NOT an Austintown Resident)**

Student Name  
(Legal Name) First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Birthplace(City/State or Country): \_\_\_\_\_

Citizen of the U.S: YES or NO      Active Military Parent: YES or NO      Gender: Male or Female

Custody(circle): Both Parents    Mom Only    Dad Only    Other

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Guardian email address:** \_\_\_\_\_

Any life-threatening medical conditions: YES or NO

Name of siblings in the District:  
\_\_\_\_\_  
\_\_\_\_\_

Grade of siblings in the District:  
\_\_\_\_\_  
\_\_\_\_\_

**Ethnicity**

\*Is the Student Hispanic/Latino? YES or NO

\*Local Ethnic Category/Race (Circle ALL that apply): Asian, Black/African American,  
American Indian/Alaskan Native, Multiracial, Hawaiian/Pacific Islander, White

**Has the Student ever been**

\*Does the Student Currently Receive Special Services: YES or NO      If YES, please circle below:  
Gifted(WEP)    IEP    Limited English(English Learner Plan)    504 Plan

\*Suspended/Expelled from School?    YES or NO

**I understand that students whose parents are found, after appropriate investigation, to have submitted fraudulent information in an effort to enroll a student in which the student is not assigned, shall be immediately withdrawn by the school, and the parent must enroll the student in the appropriate school.**

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Ohio Department of Job and Family Services  
**FAMILY INFORMATION**

Child's Name (Last)

(First)

Nickname (if any)

*By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.*

Who is in the child's immediate family?

Who lives at home with your child?

What is the primary language spoken in your child's home?

Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional Details?

Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet) Additional Details?

Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)

Do you have any pets at home? If so, what are they and what are their names?

Has your child had a previous care arrangement?  Yes or  No Additional Details? (Center based, in home, with family, with parents, etc.)

My child drinks  milk,  formula,  juice or  water. (Check all that apply)  
How much and how often?

Does your child have any favorite foods?

Does your child dislike any foods?

Are there any foods your child should not be fed? (Licensing requires documentation be completed for children with food allergies and/or dietary restrictions)

Please check all of the words that best describe your child's personality and behavior

- active  adventurous  affectionate  anxious  bossy  bright  busy  calm  cautious  cheerful  
 content  creative  curious  easily-angered  emotional  energetic  excitable  friendly  gives-in-easily  
 happy  hesitant  insecure  jealous  likes structure/routines  loud  loving  mellow  outgoing  
 prefers adult attention  quiet  sensitive  serious  shares-well  social  spontaneous  stubborn  tentative  
 other:

Are there additional personality and behavior characteristics that would be useful to know about your child?

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

Does your child use any special comfort or support items that help him/her go to sleep? If so, what?

What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)?

My child sits in a  high chair,  booster,  child size chair or  adult size chair. (Check the **one** that applies.)

Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used.

Does your child need assistance when using the toilet? If so, how?

What words, gestures or signs does your child use if he/she needs to use the bathroom?

What time does your child normally go to bed at night and wake up in the morning?

What time(s), and for how long, does your child usually nap?

Does your child have trouble sleeping (Night terrors, trouble going to sleep, etc.)? Please explain

What might you and/or your child be anxious about as he/she starts in this program?

What are you and/or your child excited about as he/she starts in this program?

What are your expectations of this program?

What other information would be helpful for the staff caring for your child to know?

Parent/Guardian's Signature

Date

I give the following people permission to pick up my child(ren)

Child's Name:  
Name

Parent/Guardian Name:  
Number

Teacher's Name:  
Address

Relationship

I am authorizing that my child (ren) can be released to those on this paper.

## Falcon Fives



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Dear Falcon Fives Families,

A Falcon Fives class roster is prepared annually, which includes the name of the child, the name of the child's parent/guardian and telephone number. Parents may request this roster for classroom party lists, Valentine's Day cards, etc.

Parents/guardians are asked to sign a statement indicating whether or not they wish to be included in the class roster prior to its development. The class roster is not furnished to any person other than a parent/guardian that has a child in that classroom.

Please mark your selection below.

Thank you,

*Catherine Dorbish*

Catherine Dorbish  
Head Principal

### Falcon Fives Class Roster Form

\_\_\_\_\_ Yes, I give my permission for my child's name, my name and telephone number to be included in the class roster for the 2026 - 2027 school year.

\_\_\_\_\_ I do not give my permission for my child's name, my name and telephone number to be included in the class roster for the 2026 - 2027 school year.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

Student Name: (First Name and Last Name)

Student Date of Birth: (mm/dd/yyyy)

Communication Preferences

Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.

1. In what language(s) would your family prefer to communicate with the school?

Language Background

Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.

2. What language did your child learn first?

3. What language does your child use the most at home?

4. What languages are used in your home?

Prior Education

Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.

5. In what country was your child born?

6. Has your child ever received formal education outside of the United States?  
 Yes  No

If yes, how many years/months?

If yes, what was the language of instruction?

7. Has your child attended school in the United States?  Yes  No

If yes, when did your child first attend a school in the United States?

Month / Day / Year

Additional Information

Please share additional information to help us understand your child's language experiences and educational background.

Parent/Guardian First Name:

Parent/Guardian Last Name:

Parent/Guardian Signature:

Today's Date: (mm/dd/yyyy)

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/oea/oea-resources.html>





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**IMPORTANT INFORMATION PLEASE READ**

I, \_\_\_\_\_, do hereby acknowledge that the information provided for admission to the Austintown Local School District is correct to the best of my knowledge.

I also understand that providing fraudulent information to the Austintown Local School District could result in criminal charges being filed against the party preparing these documents under section 2913.42.D4 of the Ohio Revised Code, (Tampering with Records), is a Felony of the Third Degree, which carries a penalty range of 9 months to 5 years in prison.

I also understand that providing fraudulent information on this enrollment form could result in Federal Prosecution for providing fraudulent information of a Government Document.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian email

\_\_\_\_\_  
Today's Date



This form meets Ohio Administrative Code. Programs may use this form or build their own.

### Section I - Child Medical Information

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**Immunizations:**

Complete for Age	<input type="radio"/> Yes <input type="radio"/> No
In Process	<input type="radio"/> Yes <input type="radio"/> No

**Exempt from Immunization:**

Religious Conviction	<input type="radio"/> Yes <input type="radio"/> No
Health	<input type="radio"/> Yes <input type="radio"/> No
Other	

Limitations or health conditions, including allergies, medications, and dietary restrictions.

### Section II - Child Medical Statement Verification

Physician/Clinic/Hospital Name \_\_\_\_\_ Provider Address \_\_\_\_\_  
 Provider Phone Number \_\_\_\_\_ Provider City \_\_\_\_\_ Provider State \_\_\_\_\_ Provider Zip \_\_\_\_\_

**Check box of examining medical professional:**

- Physician
- Physician Assistant
- Advanced Practice Registered Nurse

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

Signature of Medical Professional \_\_\_\_\_

Date of Exam \_\_\_\_\_

Programs funded through the Ohio Department of Education must have written policies and procedures to ensure that children have received comprehensive health screenings and/or that families are informed of the importance of health screenings and the resources to obtain them.



## FinalForms

### Parent registration

#### How do I get started?

1. Check your email for an **ACCOUNT CONFIRMATION EMAIL** from the FinalForms Mailman. Once received and opened, click **CONFIRM YOUR ACCOUNT** in the email text.

#### *FINALFORMS*

*FinalForms Mailman*  
You have been selected to receive your FinalForms Mailman account confirmation email.  
Please click on the link below to confirm your account.  
Thank you for your interest in FinalForms.

2. Create your new FinalForms password. Next, click **CONFIRM ACCOUNT**.
3. Your account will be confirmed and you will be logged in.

*Please proceed to the next page!*



## FinalForms

### Registering a student

#### What information will I need?

Basic medical history and health information. Insurance company and policy number. Doctor, dentist, and medical specialist contact information. Hospital preference and contact information.

#### How do I register my first student?

*IMPORTANT: If you followed the steps on the previous page, you may Jump to Step number 3.*

1. Go to: <https://austintown-oh.finalforms.com>
2. Click **LOGIN** under the Parent Icon, and login.



3. Locate and click the **INCOMPLETE FORMS** button for the student you wish to register.

4. If your student plans to participate in a **sport, activity, or club**, then click the checkbox for each. Then, click **UPDATE** after making your selection. **Selections may be changed until the registration deadline.**

5. Complete each form and sign your full name (i.e. 'Jonathan Smith') in the parent signature field on each page. After signing each, click **SUBMIT FORM** and move on to the next form.

Form Signature

Form Signature

Form Signature

Form Signature

6. When all forms are complete, you will see a 'Forms Finished' message.

*IMPORTANT: If required by your district, an email will automatically be sent to the email address that you provided for your student that will prompt your student to sign required forms.*

#### **How do I register additional students?**

Click **MY STUDENTS**. Then, repeat steps number 3 through number 7 for each additional student.

#### **How do I update information?**

Login at any time and click **UPDATE FORMS** to update information for any student.

## Falcon Fives Tuition Information



- The tuition rate for the Falcon Fives program is \$350 per month. Payments are for the entire month, with no refunds due to absences. No credit is given for school holidays, vacation, or inclement weather. The number of days in session per month is different according to the month, but all average out on a yearly basis. If a child is permanently withdrawn after tuition is paid for the month, that tuition is forfeited.
- In order to secure a seat in the Falcon Fives program, the first tuition payment of \$350, plus registration fee of \$50, must be made on or before August 17th, 2026. Failure to meet this deadline will result in being placed on a "waitlist" for future consideration for the 2026-2027 school year.
- Failure to make tuition payments on or before the date below, for each month, will result in removal from the Falcon Fives Program.
- Monthly tuition for the Falcon Fives program is due according to the payment schedule below.

At the time of open house or before the first day of for August/September (Nonrefundable)	October 1, 2026	November 2, 2026
December 1, 2026	January 4, 2027	February 1, 2027
March 1, 2027	April 1, 2027	May 3, 2027

### Payment Method and Protocol

- We do have before and after care for Falcon Fives ONLY. The times are 7:00-9:00 am and 2:30-4 pm. The cost of before and after care will NOT be hourly but rather incorporated into your child's tuition cost.
- All tuition money is due on the first of the month. There will be a two day grace period in case of emergencies to accept payment. Any child that does not have tuition paid for by the 3rd day of the month will not be able to attend preschool.
- Tuition is paid by cash, check, or a money order from the bank. Tuition will be paid at the school. A receipt will be given at the time of payment. No payments will be accepted electronically.
- Tuition cost is \$350.00 per month for preschool services only. This is a flat rate and will NOT be prorated based on attendance.
- If you are using before/after care the cost will be incorporated into your tuition at a flat rate as well. The cost is \$600.00 per month no matter how many days you utilize the care.
- We will be using Class DOJO for communications.
- Rates are subject to change.



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"We provide an inspiring education that strengthens and prepares our students for unlimited future opportunities."

Dear Falcon Fives Families,

All students entering and attending preschool should be screened regularly for health needs, including vision, dental health, height, weight, hearing, blood lead and hemoglobin levels. Austintown Local School District does provide vision and hearing screenings, as well as access to a mobile dentist, each school year. Our Falcon Fives program also uses the Child Medical Statement released by the Ohio Department of Education's Office of Early Learning and School Readiness. This form, which is signed by your child's physician (or acceptable medical professional listed), may include the health screenings above that are not provided by the district.

We encourage all families to have all of the above mentioned screenings on their preschool child prior to entry, as well as annually. Please have your medical professional complete the attached form at your next visit. A copy should be given to your child's teacher for the school's records.

Thank you,

*Catherine Dorbish*

Catherine Dorbish  
Head Principal

## Falcon Fives Comprehensive Health Screening Process

All students entering and attending preschool should be screened regularly for health needs, including vision, dental health, height, weight, hearing, blood lead and hemoglobin levels, per the cover letter that you received. Below, you will find additional information regarding the importance of these screenings, as well as community resources where you can find out more information on health screenings.

### Comprehensive Health Screening for Children

Health screenings benefit the overall health of the child. It is through check-ups and tests, that physicians can identify potential health problems. Many childhood problems can be corrected before they become a health problem, that the child then carries into adulthood. Through health screenings, healthy eating and regular physical activity, you can help your child learn healthy living habits that can last a lifetime.

### Blood Pressure

Your child should have blood pressure measurements regularly, starting around 3 years of age. High blood pressure in children needs medical attention, as it may be a sign of underlying disease. If not treated, it may lead to serious illness. Check with your child's physician about blood pressure measurements.

### Lead

Lead can harm your child, slowing physical and mental growth and damaging many parts of the body. The most common way children get lead poisoning is by being around old house paint that is chipping or peeling. Some authorities recommend lead tests at 1 and 2 years of age. If you can answer "yes" to any of the questions below, your child may need a lead test earlier and more often than other children. Has your child:

- \* \_\_\_\_\_ Lived in or regularly visited a house built before 1950? (This could include a day care center, preschool, the home of a babysitter or relative, etc.)
- \* \_\_\_\_\_ Lived in or regularly visited a house built before 1978 with recent, ongoing, planned renovation or remodeling? (The year lead-based paint was banned for residential use)
- \* \_\_\_\_\_ Had a brother or sister, housemate or playmate followed or treated for lead poisoning?

### Vision and Hearing

Your child's vision should be tested before starting school, at about 3 or 4 years of age. Your child may need vision tests as he or she grows. Some authorities recommend hearing testing beginning at 3 to 4 years of age. If at any age your child has any of the vision or hearing warning signs listed below, be sure to talk with your healthcare provider.

#### Vision Warning Signs

- \*Eyes turning inward (crossing) or outward
- \*Squinting
- \*Headaches

- \*Not doing well with school work, as before
- \*Blurred or double vision

#### Hearing Warning Signs

- \*Poor response to noise or voice
- \*Slow language and speech development
- \*Abnormal sounding speech

#### Special Warning

- \*Listening to very loud music, especially with earphones, can permanently damage your child's hearing

### **Additional Tests**

Your child may need other tests to prevent health problems. Some common tests are:

Anemia (blood) Test-Anemia is having less than the normal number of red blood cells or less hemoglobin than normal in the blood. Your child may need to be tested for anemia when he or she is still a baby (usually around the 1st birthday). Children may need this test as they get older.

Cholesterol (blood) Test-Children (2 years and older) may need this test especially if they have a parent with high cholesterol or a parent or grandparent with heart disease before the age of 55. If a family history is not available, testing may be needed if your child is obese or has high blood pressure.

Tuberculosis/TB (skin) Test-Children may need this test if they have had close contact with a person who has TB, lives in an area where TB is more common than average (such as a Native American reservation, a homeless shelter or an institution) or have recently moved from Asia, Africa, Central America, South America, the Caribbean or the Pacific Islands.

### **Community Resources**

Additional community resources can be found at <https://kidshealth.org/> and <https://www.cdc.gov/>