414 N. School Street
Amanda, OH 43102
Preschool Office located at the rear of the Primary Building off Lutz Ave

Amanda Clearcreek Preschool Enrollment Application 2026-2027

The Amanda-Clearcreek Local School District offers three, all-day and one half-day preschool classrooms located at Amanda Clearcreek Primary School. The program is designed to serve up to 20 students per classroom, which includes up to six identified special needs students.

A typically developing child must be at least 3 1/2 years old and toilet-trained to attend preschool. A student with an identified disability must be 3 years old.

Please fill out the Preschool Enrollment Form in order to enroll your child in Preschool for the 2026-2027 school year. Preschool Enrollment Form is available at the Preschool Office Monday-Thursday starting March 2 and going through May 4. You can come in between 8:45 am - 2:30 pm or you can access them on the Amanda-Clearcreek website https://www.amanda.k12.oh.us/ under Preschool Enrollment tab. If you are interested in attending one of the half day sessions, please check AM or PM on the application. Once you submit your application and documents, we will set a date for your child's screening. Screenings will be held August 24 and 25.

The cost of the program will be $120 per week for full time and $60.00 per week for half day typical students. There is tuition assistance through Job and Family Services. Applications are available through the Preschool Office or can be accessed on the Amanda-Clearcreek website https://www.amanda.k12.oh.us/, under Preschool Enrollment tab. Please email application along with supporting documents to Ms. Dwyer at tdwyer@amanda.k12.oh.us, or schedule a time to drop off at the Preschool Office. Application and documents must be received by May 4, 2026. Please call or email Ms. Dwyer at 740-969-7254 Ext. 4164 or tdwyer@amanda.k12.oh.us. , if you have any questions.

Below is a list of items that will need to be turned in before your child can attend:

- Child's Birth Certificate - due at time of registration
- Copy of Parent's Driver's License/ID - due at time of registration
- Proof of Residency (Current gas or electric bill showing your name and address) - due at time of registration
- Immunization Record
- Custody Paperwork (if applicable)
- Completed and Signed Physical Form
- Completed and Signed Dental Form
- Completion of Final Forms - By May 4, 2026

All documents can be uploaded through Final Forms or emailed to Ms. Dwyer at tdwyer@amanda.k12.oh.us. We ask if you upload the documents, please email tdwyer@amanda.k12.oh.us to inform us that documents have been submitted.

*Please be advised that filling out the application does not guarantee a place in the Preschool program for your child.

PRESCHOOL ENROLLMENT INSTRUCTIONS
2026-2027

- Fill out Preschool Enrollment Form

- Return Enrollment Form along with
    - Proof of Residency
    - Birth Certificate
    - Driver's License

  To Preschool Office - March 2-May 4, 2026 - Monday-Thursday 8:45 am - 2:30 pm or email tdwyer@amanda.k12.oh.us

- Fill out Final Forms online - link can be found on the Amanda-Clearcreek website https://www.amanda.k12.oh.us/. Access to the 2026-2027 Final Forms will be available starting March 23.

- Dental Form - have your dentist complete, sign and date. Form can be uploaded into Final Forms or emailed to tdwyer@amanda.k12.oh.us

- Medical Form - have your doctor complete, sign and date. Form can be uploaded into Final Forms or emailed to tdwyer@amand.k12.oh.us

- Immunization Record - please request records from your doctor. Record can be uploaded into Final Forms or emailed to tdwyer@amanda.k12.loh.us

- Custody Paperwork - can be uploaded into Final Forms, emailed to tdwyer@amanda.k12.oh.us or faxed to 740-969-3086

PRESCHOOL OFFICE MUST HAVE ALL FORMS AND REQUIRED DOCUMENTS BEFORE CHILD CAN ATTEND

Office of Early Learning and School Readiness

Preschool Enrollment Form

Revised 11/30/18

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

Section I - Student & Family Information

Child's Name _____ Date of Birth _____

Family/Guardian Name _____ Please select 1, 2 or 3 to set call order of phone number used to reach you:

Home Address _____ Cell Phone _____ Call Order ____

City _____ State _____ Zip _____ Home Phone _____ Call Order ____

Employer Name _____ Work Phone _____ Call Order ____

Employer Street Address _____ City _____ State _____ Zip _____

Half Day Class (Please check one)
AM ____ PM ____

Email: _____

Alternate Family Information: Please select 1, 2 or 3 to set call order of phone number used to reach you:

Family/Guardian Name _____ Cell Phone _____ Call Order ____

Family Street Address _____ Home Phone _____ Call Order ____

City _____ State _____ Zip _____ Work Phone _____ Call Order ____

Employer Name _____ Email: _____

Employer Street Address _____ City _____ State _____ Zip _____

Section II - Authorization for Emergencies

List 2 Emergency Contacts for use ONLY if the parents cannot be contacted:

Name _____ Name _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Please select 1, 2 or 3 to set call order of phone number used to reach emergency contact:

Home _____ Call Order ____ Home _____ Call Order ____

Cell _____ Call Order ____ Cell _____ Call Order ____

Work _____ Call Order ____ Work _____ Call Order ____

List Medical Contacts, In Case Of Emergency:

Physician _____ Dentist _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone _____ Phone _____

Section III - Child's Health Information

Child's Chronic Medical/Health Needs

Please complete both pages of form

Child's History of Hospitalization:

Child's Disease History:

Child's Allergies/Treatment:

Child's Dietary Needs/Restrictions:

NOTE: A MEDICATION FORM MUST BE COMPLETED FOR EACH MEDICATION ADMINISTERED WHILE IN PROGRAM ATTENDANCE

Child's Medication/s:

Section V - Registration Authorizations

I authorize the following to be listed on the parent roster:

My child's name ☐ Yes ☐ No

Family name ☐ Yes ☐ No

Phone numbers ☐ Yes ☐ No ☐ Cell ☐ Home ☐ Work

Annual Class Roster: 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 our program.

Exempt from immunizations because of religious conviction: ☐ Yes ☐ No

Child immunization records attached: ☐ Yes ☐ No

Date

Signature of Authorized Family Member/Guardian

Final Forms

How to access and complete enrollment paperwork:

Two Options:

Option #1

1. Go to the Amanda Clearcreek website: Amanda Clearcreek Website
    a. https://www.amanda.k12.oh.us
2. Locate the Final Forms link on the right-hand side under the heading: DISTRICT ENROLLMENT: FinalForms Online Enrollment

OR

Option #2

Login into Final Forms via this link: Final Forms
https://amandaclearcreek-oh.finalforms.com

Ohio Department of Health • School and Adolescent Health

Oral Assessment

Student's name	Date of birth
	/ /

The following services have been performed (please check all that apply)

☐ Examination ☐ Fluoride application ☐ Oral prophylaxis (cleaning) ☐ Prescription for fluoride supplement
☐ Orthodontic assessment ☐ Radiographs ☐ Dental sealant ☐ Treatment (restoration, pulp therapy)
☐ Other_____

The following oral hygiene instruction was provided (please check all that apply)

☐ Toothbrushing ☐ Flossing ☐ Dietary counseling ☐ Use of fluoride mouthrinse
☐ Other_____

The following statements are applicable (please check all that apply)

☐ All necessary preventive services have been performed. (Fluoride treatment, prophylaxis)
☐ No restorative services are required at this time.
☐ Further treatment is indicated.(See comments)
☐ Further appointments have been arranged. (Orthodontic, restorative)
☐ Routine recall visits recommended.

Comments

Dentist's signature	Print name	Phone ( )
Address		Date / /
City	State	ZIP

Ohio | Department of Education

Office of Early Learning and School Readiness

Child Medical Statement

Revised 3/12/2018

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:		**Exempt from Immunization:**	
Complete for Age	○ Yes ○ No	Religious Conviction	○ Yes ○ No
In Process	○ Yes ○ No	Health	○ Yes ○ 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.