2026-2027

PRESCHOOL REGISTRATION CHECKLIST

All documentation listed below will need to accompany the application when it is returned to the Student Services Department located at 801 Old Harshman Rd.

- Registration sheet
- Birth certificate – Must be the **original** birth certificate. Hospital Record of Birth is not acceptable.
- Immunization records
- If parents are divorced or student lives with someone other than the biological parent, you must provide a court order showing court awarded custody.
- Proof of residence in the Mad River Local School District. Parent/Guardian must provide two documents verifying residency. The first document **must** be a lease agreement, mortgage statement, closing statement or Deed. The second proof **must** be dated within 30 days of registration and can be an electric/gas/water bill, homeowner or renters insurance, vehicle registration or insurance bill, pay stub, voter registration or ODJFS paperwork.
- If you do not own/rent property in the district, but live with someone in the district, you must complete an Adult Residency Affidavit and provide documentation as stated on the affidavit. Adult Residency Affidavits are available in the Preschool office.
- Last 4 consecutive pay stubs for all working adults residing in the home. If you receive child support/spousal support, ODJFS benefits, Social Security, Disability, Worker's Compensation or Retirement benefits, you must provide proof of that income.
- Classroom session times:

  Morning session: 8:15 a.m. to 11:15 a.m.
  Afternoon session: 12:15 p.m. to 3:15 p.m.
  ECE class (full day): 8:15 a.m. to 2:45 p.m.
  ECE class (half day): 8:45 a.m. to 12:30 p.m.

All times are subject to change based on state funding.

Mad River Early Childhood Center is located at 801 Old Harshman Road and offers both full day and half-day options for preschool. Our full day students must qualify per the Ohio Department of Education's federal poverty guidelines and be fully potty trained. ECE students are also expected to meet the district's attendance standards and may be dismissed from the program should they fall below the attendance standard. Priority is given to eligible 4 year olds who will be transitioning to Kindergarten.

Our half-day programs (a.m. and p.m.) are integrated preschool classrooms, meaning fifty percent or fewer of the students in the class are children with disabilities. These classrooms have children that are between 3 and 5 years of age. Typically developing children are enrolled in these classrooms to ensure strong and appropriate peer modeling. Priority is given to eligible 4 year olds who will be transitioning to Kindergarten. By state and federal law, all children ages 3 to 5 identified with a disability must have the opportunity to be served in a public preschool. Children with disabilities are enrolled according to their needs as determined by the Individual Education Plan (IEP) team. Students who qualify for Special Education funding (IEPs) must be placed in one of the half-day options.

Full Day Program Eligibility/Guidelines	Half Day Program Eligibility/Guidelines
• Must meet ODE's federal poverty guidelines • Must be potty trained • Priority spots given to 4 year olds transitioning into Kindergarten • Includes Breakfast and Lunch • Classes are Monday-Thursday • 8:15 a.m. to 2:45 p.m./8:45 a.m. to 12:30 p.m. • Transportation is not provided • No cost to families	• Families of all income levels • Must be potty trained • Priority spots given to 4 year olds transitioning to Kindergarten • Includes snack • Classes are Monday-Thursday • 8:15 a.m. to 11:15 a.m. (Morning session) 12:15 p.m. to 3:15 p.m. (Afternoon session) • Transportation is not provided • No cost to families • Students who are ages 3-5 and qualify for Special Education Services

Additional Guidelines for Registration:

- The parent/guardian must meet the residency and intake requirements for students enrolled in Mad River Local Schools
- Initial placements are on first come, first served basis, priority given to 4 year olds
- A waiting list is maintained throughout the school year and students are placed as openings occur.
- Selection does not guarantee future placement. However, priority for second year enrollment will be given to current students.
- Siblings are required to submit individual applications and are considered separately.
- All completed applications should be submitted for processing to the MRLS Student Services Office, 801 Old Harshman Road, (937) 259-6640.

PRESCHOOL STUDENT REGISTRATION FORM

MAD RIVER LOCAL SCHOOLS

Class preference: AM _____ PM_____ Full-Day _____

(Office Use Only)
Enrollment Date _____
Student ID # J55_____

Legal First Name:		**Middle Name:**	
Legal Last Name:		**Called Name:**	
Date of Birth:	**Grade:**	**Gender:** (please circle) Male Female	
City of Birth:	**Country of Birth:**	**Mother's Maiden Name:**	
Address: Apt:		**City:**	**Zip:**
Most Recently Attended School: (Including Preschool)	**City:**	**State:**	**Zip:**

Has student ever been enrolled in Mad River Local Schools? Y or N **If Y, please list date(s):**

Is the student of Hispanic/Latino heritage: (please circle) Y or N

Race: (select all that apply) ☐ W-White, Non-Hispanic ☐ B-Black, Non-Hispanic ☐ I-American Indian or Alaskan Native
☐ A-Asian/Pacific Islander ☐ P-Native Hawaiian or Other Pacific Islander

(The US Dept. of Ed allows observer identification if a parent/guardian refuses to provide student racial/ethnic group. The district is required to choose designation.)

Citizenship: ☐ US Citizen ☐ Exchange Student ☐ Dual National
☐ Non-Resident Alien ☐ Resident Alien ☐ Non-US Citizen/Immigrant**

**Immigrants are students who are between the ages of 3-21; born outside of the United States; and have not attended one or more schools in any one or more of the states for more than three academic years.

Was the student born outside of the United States? Y or N ~ **If Y, when did student begin school in the United States?** _____
In what Country did student most recently reside? _____

Native Language, if other than English: _____

Is the student's first learned or home language other than English? Y or N

What language does the student most frequently speak at home? _____ Father _____ Mother _____

Student Special Services

Does the student receive any of the following services? (please check all that apply)

☐ Special Education - Individual Education Plan (IEP) ☐ Gifted Education

☐ 504 Plan

☐ Limited English Proficient Plan (LEP)

Has student ever been Retained? If so, what grade? _____ **Year** _____ **Name of School** _____

Student Name: _____ **Date of Birth:** _____

Parent/Guardian Information

Status of biological parents: (circle one) Married Divorced Separated Widowed Never Married

If divorced*, who has legal custody: Mother Father Shared – Who is residential? _____

**(Custody paperwork must be provided at time of registration - ORC 3313.672(b)*

Are you the natural/adoptive parents of this student? Y or N ➡ If **N**, what is your relationship to the student? _____

Residency Information

Student lives with: (check one)

- ☐ **Mother & Father**
- ☐ **Mother Only**
- ☐ **Father Only**
- ☐ **Mother & Stepfather**
- ☐ **Father & Stepmother**
- ☐ **Foster Parent**
- ☐ **Grandparent**
- ☐ **Host Family**
- ☐ **Other** _____

Parent/Guardian Address Information

Relationship to Student: _____
Name: _____
Address: _____
City/Zip: _____
Home Phone: ( ) _____
Cell Phone: ( ) _____
Employer: _____
Work Phone: ( ) _____
Email address: _____

Relationship to Student: _____
Name: _____
Address: _____
City/Zip: _____
Home Phone: ( ) _____
Cell Phone: ( ) _____
Employer: _____
Work Phone: ( ) _____
Email address: _____

Sibling Information – School age siblings living in home

First Name	Last Name	Date of Birth
		___/___/___
		___/___/___
		___/___/___
		___/___/___
		___/___/___

Emergency Contact Information

Name: _____
Phone: _____
Relationship: _____

Name: _____
Phone: _____
Relationship: _____

I CERTIFY THAT THE INFORMATION PROVIDED WITHIN THIS DOCUMENT IS TRUE TO THE BEST OF MY KNOWLEDGE. All registration information is subject to review by the Student Services Department. I understand that this information will be shared with school personnel who may interact with my child to ensure his/her safety unless I note otherwise. If false or misleading information is given, tuition may be charged. It is the responsibility of the parent/guardian to immediately notify the principal upon change of address or living arrangements. Failure to comply could lead to tuition charges, school records withheld, and/or athletic eligibility voided.

Signature of Parent/Guardian: _____ **Date:** _____

Ohio | Department of Education

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/ocr/ellresources.html

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COMPLETED BY SCHOOL EMPLOYEE

1. **Check.** Confirm the following statements related to the administration of Ohio's language usage survey:

   - Building:
     - ☐ The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
     - ☐ The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey only is used to understand students' linguistic experiences and educational background.
     - ☐ For students enrolling from other U.S. schools and districts, school officials request previous language survey data.
     - ☐ Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.
   - ELL:
     - ☐ For students enrolling from other U.S. schools and districts, school officials refer to the information when identifying English learners.
     - ☐ The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the Language Usage Survey Annotations on page 2 for item-specific guidance.

Student's native language See Language Usage Survey Question 2. Report for all students in EMIS.	_____
Student's home language See Language Usage Survey Question 3. Report only for English learners in EMIS.	_____
Potential English learner See Language Usage Survey Questions 2-4.	☐ Yes. Assess the student's English proficiency. ☐ No. Do not assess the student's English proficiency.
Immigrant student status See Language Usage Survey Questions 5-7. Report for all students in EMIS.	☐ Yes, the student is an immigrant child. ☐ No, the child is not an immigrant child.

4. **Validate.** Complete the information below.

_____ Signature of validating school employee (building)	_____ Date (mm/dd/yyyy)
_____ Printed name of validating school employee (building)	_____ Name of school
_____ Printed name of validating school employee (ELL)	_____ Signature of validating school employee (ELL)

Mad River Local School Nurses

801 Old Harshman Road, Riverside, Ohio 45431

Dear Parent:

We would like to welcome you and your child to Mad River Local Schools. As school nurses, we are concerned about your child's health and safety. To help us plan for the coming school year, we must address two issues – required immunizations and health problems.

IMMUNIZATIONS

The State of Ohio has specific immunization requirements for all school children to attend school. For your child to enter school, all shots must be up to date. Please provide the school with a photocopy of your child's official shot record. **If immunizations are not complete by the 15th day of school, you must keep your children home until the records are up-to-date. (Ohio Dept. of Health)**

HEALTH PROBLEMS

- Does your child have any **health problems**? Please list: **NONE** __ **YES** _____
- **Allergies** to food, insects, or other sources? **NO** __ **YES*** _____

  ***For Food Allergies:** The Food Service Dept will need a doctor's note regarding the food allergy. Contact them at **Phone: 259-6601** for more information. **Fax: 259-6607.**
- List the last time your child **needed to see the doctor or go to the hospital with a health problem listed above?** (Please list separately)_____

  _____
- Does your child require **medication during the hours of the school day? NO**___ **YES*** _____

  ***If you answered YES**, please get a Medication Administration form before leaving today. The instructions are on the "Parent" side of the form. This completed form must be on file before any medication can be given.

  **Every effort should be made to have required medications given to the student before or after school hours.

Child's name_____ **Date of Birth** _____

Address_____ **School** _____

Parent/Guardian's Phone Number(s) _____ **Grade**_____

Parent Email Address(es)_____

Parent/Guardian signature _____ **Date** _____

_____ **I give permission to the school nurse to share the health information on this form with appropriate school staff as deemed necessary for the safety of my child.**

(Parent Initials)

Thank you,

Your Mad River Local School Nurse

Mad River Local Schools

Child Medical Statement For Preschool

Child's Name (print)	Date of Birth

This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care.

This above named child has been immunized in accordance with the requirements of section 5104.014 of the Ohio Revised Code — see reverse side of paper (please note any exceptions below).

Signature of Examining Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner.	Date of Examination

Name of Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner	Telephone Number

Street Address

City, State and Zip Code

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH DATES OF DOSES OF ALL IMMUNIZATIONS

Exceptions to Immunization requirements pursuant to 5104.014 ORC (please include names of requirement diseases against which the child has not been immunized and whether it is because the immunization is medically contraindicated, not medically appropriate for the child's age, or declined by the parent).

I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code.

Please note disease above and sign.

Signature of Parent	Date of Signature

Optional/Recommended Assessments & Screenings

Vison	Yes	Lead	Yes
Hearing	Yes	Hemoglobin	Yes
Measurements		Other	
Height		Notes	
Weight			
BMI			

Preschool

Immunization Schedule

Per the Ohio Department of Health

School Year 2024-2025

Preschool

Dtap, DTP, or DT— 4 doses (four doses of DTaP or DT, or any combination).

Polio — 3 doses (Three doses of OPV or IPV, or any combination.) MMR —

1 dose (One dose of MMR, MUST be on or after the 1 st birthday.)

Hepatitis B— 3 doses (3 rd dose MUST be after 6 months of age)

Hib — 3 or 4 doses (last dose MUST be after 12 months.)

Varicella — 1 dose (1 dose of Varicella, MUST be on or after the 1 st birthday)

Rotovirus — 2-3 doses

Pnuemococcal —4 doses

Hepatitis A— 2 doses (6 months apart)

Influenza — 1 doses (if seasonal vaccine available)

- Please provide a photocopy of the official shot record to the school.

Physician Report & Immunization record MUST be on file within 30 days after the start of school.

DENTAL EXAMINATION FORM

Patient: _____ DOB: _____

Parent/Guardian Name: _____

Medical and Dental History:

_____

Medication(s):

_____

EXAM

MOUTH AND STRUCTURES

☐ Normal appearance and function YES/NO

Abnormalities noted

_____

Additional Information

_____

PRIMARY DENTITION

☐ Missing Teeth YES/NO Loose Teeth YES/NO Broken Teeth YES/NO

Dental caries YES/NO _____ _____

Location Treatment

PERMANENT DENTITION

☐ Missing Teeth YES/No Loose Teeth YES/NO Broken Teeth YES/NO

Dental caries YES/NO _____ _____

Location Treatment

I certify that this child was examined on the date stated below:

Date of Exam:_____ Dentist Signature: _____

Address:_____Phone:_____ Fax:_____