

**SOUTH POINT LOCAL SCHOOLS PRESCHOOL PROGRAM
POINTER PAL APPLICATION**

Time and Date of receipt of application with fee _____

Classroom placements will be determined in the order they are received.

Building (please choose one): Burlington _____ South Point Elementary _____

To ensure your application is processed, all areas must be completed at the time of submission.

Student's Name _____

Date of Birth _____

Home Phone _____ Alternate Phone _____

Parents' Name _____ Work Phone _____

Center-Based Classrooms

Our classrooms are licensed with the Ohio Department of Education. Classes are in session four days a week, Monday through Thursday with times varying based on specific locations. The classrooms are located at South Point Elementary and Burlington Elementary. All students are provided developmentally appropriate practices and we strive to have students ready for achievement in kindergarten. All of our classrooms have a teacher and a teacher assistant, enabling the staff to accommodate the individualized needs of each child. Preschoolers in our program with special needs may receive speech therapy, physical therapy, occupational therapy, and related services as they may have documented disabilities in communication, motor, hearing, vision, social emotional/behavioral skills, adaptive skills and/or cognitive ability or required additional adult assistance.

Pointer Pals serve as models of age-appropriate skills for children demonstrating delays in their development. For this reason, it is critical that peers demonstrate the skills listed below. If after a brief trial period, your child is not able to **consistently** demonstrate the criteria below within the preschool classroom; your child may not be able to continue to attend our preschool program as a peer model.

Please initial beside each statement:

- Completely toilet trained _____
- Separates easily from parents _____
- Able to follow rules and routines _____
- Attends to adult-guided activities _____
- Plays with a variety of toys appropriately _____
- Is able to play beside and/or with other children while sharing the same toys _____
- Verbally interacts with peers in play situations _____
- Speech is clear and understandable by unfamiliar adults _____

**Preference will be given to children who are age 4 and who are residents of South Point Local School District..
Transportation will be the responsibility of the parents.**

PROCEDURES FOR PRESCHOOL ENROLLMENT

1. **Applications will be accepted starting April 21,22,23 10am -2pm for the following school year with a \$25 non-refundable application fee at the South Point Board of Education 302 High Street South Point .**
Applications will be time stamped as soon as the fee is paid. No applications will be accepted by phone. Applications will be reviewed by staff and, as part of the application process, a classroom visit may be arranged to meet the child and observe how he/she interacts with other children.
2. Parents will be notified of their child's acceptance or rejection after the application process has been completed. **All students are accepted on a trial basis the first month.** If the staff feels your child is not developmentally ready for a class of this type, they will discuss this with you.
3. You will receive a letter before the end of the current school year to confirm your spot in the preschool. A teacher will contact you in the beginning of August to schedule an enrollment meeting. During this meeting, the teacher will collect any forms and will discuss the parent handbook and the first day of class for the student. Please bring your child's birth certificate. Birth certificates are required to be presented. A current medical exam with updated vaccinations by your child's doctor is also required before your child can attend. The exam form will be provided to you at registration.
4. Applications are valid for one school year. If a child is not accepted, application must be made again to be considered for the following year.

***The Ohio Department of Early Childhood sets the maximum number of children in the classroom. Some classrooms are licensed as a classroom for children with disabilities. Although rare, it may be necessary to remove a typically developing child from the classroom in order to provide for a student with disabilities. _____ (Initial)**

Please indicate the classroom unit for which you are applying.

Circle one : 4 days 2 days

Monday/Wednesday Tuesday/Thursday

If you have questions regarding the program, call 740-377-2756.

CLASSROOM AGREEMENT

1. Tuition is \$300.00 per month for 4 days per week and \$150 per month for two days per week. If any checks are returned, there will be an additional fee. _____ **Initial**
2. If a child misses days during the month, a holiday occurs or a calamity results in school not being in session, **the fee remains the same**. Due to obligations, there may be occasions when the preschool classes will be canceled or a make-up day scheduled. If school is cancelled, preschool will also be cancelled and **tuition will not be pro rated** for these events. Preschool will not be in session for two hour delays. **This will not change the monthly fee**. If a parent requests a leave of absence from the classroom, tuition must be paid during the absence to hold the spot in the classroom. If payment is not made on time, another child may be enrolled in that spot. _____ **Initial**
3. The fee must be paid monthly on the first school day of the month in the elementary office. It is essential that payments be made promptly to cut down on paperwork and staff time. If special circumstances arise, the payment date can be discussed with the preschool supervisor. **If payments fall more than a month behind, parents may be informed that their child will be withdrawn from the classroom.** _____ **Initial**
4. If a parent withdraws the child during the month, the amount paid is non-refundable. _____ **Initial**
5. **On rare occasions, circumstances may arise that would make it necessary for the South Point Preschool Program to terminate this contract. Every effort will be made to provide 30 days notice should this be necessary.**

I have read and understand the agreement and if my child is accepted as a student in the program, I _____ agree to pay the tuition due on the first school day of the month, for classroom services. I understand that if my payment is one month late without explanation that my child's enrollment will be jeopardized and my child may be removed from the classroom.

(signature of parent/guardian)

(date)

IDENTIFYING DATA : Please complete all spaces. Incomplete forms will not be processed.

CHILD: _____
FIRST MIDDLE LAST

NICKNAME: _____

DOB: _____ SSN: _____

Male Female

PARENT(S)/GUARDIAN(S) NAME: _____
(MOTHER) (FATHER)

ADDRESS: _____

PHONE: _____

WORK/CELL : _____

NAME(S) OF PERSON(S) COMPLETING FORM: _____

CUSTODY PAPERS? YES NO IF YES, PLEASE INCLUDE WITH APPLICATION.

PLACE OF BIRTH: _____ MOTHER'S MAIDEN NAME: _____

Is the student of Hispanic/Latino origin? Yes No

Racial/Ethnic Group: White, Non-Hispanic Black or African American American Indian
 Asian Native Hawaiian or Other Pacific Islander
 Multiracial (if this category is chosen, the specific races must also be chosen)

SOCIAL INFORMATION

FAMILY UNIT SIZE: ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ 7 ____ 8 ____ OTHER

LIST BELOW THE PERSONS LIVING IN THE HOME: (If more room is needed list on back of page.)

NAME	SEX	DOB	RELATIONSHIP	GENERAL HEALTH

CHILD'S STATUS: _____ NATURAL _____ ADOPTED _____ FOSTER

CHILD'S STATUS IN FAMILY? _____ OLDEST _____ MIDDLE _____ YOUNGEST _____ ONLY

MOTHER'S EDUCATION: _____ FATHER'S EDUCATION: _____

MOTHER'S OCCUPATION: _____ FATHER'S OCCUPATION: _____

WHO IS THE PRIMARY CARETAKER OF THE CHILD? _____
 _____ MOTHER _____ FATHER _____ GRANDPARENTS _____ OTHER (_____)

MEDICAL INFORMATION

HAS THE CHILD EVER HAD?

- | | | | |
|------------------------|-----------------------|------------------------|-----------------|
| _____ MEASLES (7 DAY) | _____ SCARLET FEVER | _____ BROKEN BONES | _____ ALLERGIES |
| _____ RUBELLA (3 DAY) | _____ RHEUMATIC FEVER | _____ OPERATION | _____ PNEUMONIA |
| _____ CHICKEN POX | _____ ASTHMA | _____ HEART PROBLEMS | _____ SEIZURES |
| _____ WHOOPING COUGH | _____ MUMPS | _____ HEARING PROBLEMS | _____ POISONING |
| _____ HOSPITALIZATIONS | _____ MENINGITIS | _____ VISUAL PROBLEMS | _____ ACCIDENTS |

OTHER/COMMENTS/EXPLANATIONS: _____

HEALTH

ATTENDING PHYSICIAN: _____ PHONE: _____

ADDRESS: _____

LAST EXAMINATION: _____ HEIGHT: _____ WEIGHT: _____

DOES CHRONIC CONDITION EXIST THAT REQUIRES MEDICATION? _____

DATE PRESCRIBED? _____ BY WHOM? _____

TYPE OF EVALUATION	DATE	TREATMENT	ADMINISTERING AGENCY/CONTACT PERSON

NUTRITIONAL INFORMATION

IS THE CHILD'S APPETITE NORMAL? _____ IF NOT, WHY? _____

WHAT ARE THE CHILD'S FAVORITE FOODS? _____

WHAT FOODS DOES THE CHILD REFUSE TO EAT? _____

IS THE CHILD ALLERGIC TO ANY FOODS? _____ IF YES, WHAT FOODS? _____

DOES THE CHILD FEED HIMSELF/HERSELF? _____

BEHAVIORAL INFORMATION

DOES THIS CHILD HAVE ANY OF THE FOLLOWING BEHAVIOR TRAITS?

<input type="checkbox"/> NIGHTMARES	<input type="checkbox"/> THUMB SUCKING	<input type="checkbox"/> BITING
<input type="checkbox"/> TEMPER TANTRUMS	<input type="checkbox"/> STUTTERING	<input type="checkbox"/> NAIL BITING
<input type="checkbox"/> OVERACTIVE	<input type="checkbox"/> EYE BLINKING	<input type="checkbox"/> MOOD SWINGS
<input type="checkbox"/> ROCKING	<input type="checkbox"/> HEAD BANGING	<input type="checkbox"/> HITTING/PINCHING
<input type="checkbox"/> TOILET TRAINING PROBLEMS		<input type="checkbox"/> EXTREMELY QUIET

IS CHILD **COMPLETELY** TOILET TRAINED? YES NO (CIRCLE ONE)

DOES THE CHILD DRESS HIMSELF/HERSELF? _____

HOW DOES THE CHILD SPEND THE DAY? NURSERY SCHOOL DAY CARE
 SITTER W/PARENT

DOES THE CHILD MAKE FRIENDS EASILY? _____ DOES THE CHILD SHARE TOYS? _____

DOES THE CHILD PLAY WITH OTHER CHILDREN DURING THE DAY? _____

<input type="checkbox"/> HAS LOTS OF FRIENDS	<input type="checkbox"/> PREFERS ONE OR TWO FRIENDS
<input type="checkbox"/> PLAYS WITH SIBLINGS ONLY	<input type="checkbox"/> PREFERS TO PLAY ALONE

WHAT DOES THE CHILD LIKE TO PLAY WITH? _____

DOES THE CHILD PLAY WITH?

PUZZLES CONSTRUCTION TOYS CRAYONS SCISSORS PENCILS

WHEN THE CHILD PLAYS:

<input type="checkbox"/> NEEDS SOMEONE PRESENT MUCH OF THE TIME OR GETS INTO TROUBLE
<input type="checkbox"/> OCCUPIES SELF BY FINDING AND DOING OWN ACTIVITY
<input type="checkbox"/> GETS BORED EASILY IN ANY ONE ACTIVITY
<input type="checkbox"/> NEEDS A LOT OF THINGS TO KEEP OCCUPIED

HOW DOES THE CHILD EXPRESS HIS NEEDS? _____

WHAT METHOD OF DISCIPLINE IS USED? BY MOTHER _____ BY FATHER _____

DOES THE CHILD SEPARATE FROM PARENT EASILY? _____

DOES THE CHILD HAVE ANY FEARS? _____

DESCRIBE YOUR CHILD:

<input type="checkbox"/> FRIENDLY	<input type="checkbox"/> INDEPENDENT	<input type="checkbox"/> QUIET
<input type="checkbox"/> SHY	<input type="checkbox"/> STUBBORN	<input type="checkbox"/> FEARFUL
<input type="checkbox"/> EASILY ANGERED	<input type="checkbox"/> DIFFICULT TO HANDLE	<input type="checkbox"/> COOPERATIVE

ADDITIONAL COMMENTS: _____