

Early Care and Education Services Selection

I _____ am applying **ONLY** for the Ohio
(Print First and Last Name)

Preschool Program (OPP) for the following children:

NAME	DATE OF BIRTH	PROGRAM LICENSE NUMBER
↑ Office will complete ↑		

Acknowledgment: By signing below, I confirm that:

- I am requesting eligibility for OPP-only be explored.
- I understand that this application does **not** serve as an application for Publicly Funded Child Care (PFCC).
- If I later choose to apply for PFCC, I will submit a new application.

Parent/Guardian Signature: _____

Date: _____