COLUMBUS CITY SCHOOLS

Office of Teaching and Learning
Division of Early Childhood Education

Central Enrollment Center
430 Cleveland Avenue
Columbus, OH 43215
Ph. 614.365.5822
Fax 614.365.5163

Mission: Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community.

Early Childhood Education
ENROLLMENT PAPERWORK

Name of Student: _____ **Student #:** _____

Dear Parent/Guardian:

IF YOUR CHILD HAS ALREADY BEEN ASSIGNED TO AN EARLY CHILDHOOD CLASSROOM:

ASSIGNED SCHOOL: _____

In order to complete the enrollment process, the forms in this packet must be completed and returned to the Early Childhood Department before your child starts school. Please note that documentation of a current medical exam within the last 12 months is required prior to starting our program. A dental exam is highly encouraged.

The forms in this packet include:

ECE Transportation Arrangements
ECE Family Information
Ready 4 Success

***Please return the completed paperwork to eceenrollment@columbus.k12.oh.us.**

All enrollment requirements must be met before your child is officially enrolled in the ECE Program and eligible to attend class. If you have questions, please contact the ECE office at 614-365-5822. You may also email questions to the ECE Enrollment email address.

I understand that all of the above registration requirements must be met BEFORE my child is officially enrolled in the Early Childhood Education Program and eligible to attend class.

_____ _____
Parent/Guardian **Date**

☐ By clicking the box, I am acknowledging that the name typed above is being used as an electronic signature.

The Columbus City School District does not discriminate because of race, color, national origin, religion, sex or handicap with regard to admission, access, treatment or employment. This policy is applicable in all district programs and activities.

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DEPARTMENT OF EARLY CHILDHOOD EDUCATION TRANSPORTATION ARRANGEMENTS

Please complete for all ECE students:

I understand that transportation is NOT provided for Early Childhood Education students unless my child has an Individualized Education Plan (IEP).

_____

Parent/Guardian Signature Date

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Transportation Arrangements: Please indicate below.

☐ Car Rider

☐ Daycare Van Rider

☐ Walker

☐ Bus Rider - option only available for students with Individualized Education Plans (IEP)

If a car rider or walker, please list the adult(s) that you authorize to drop off and/or pick up your child from school.

_____

Name Relationship Phone #

_____

Name Relationship Phone #

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FAMILY INFORMATION FORM

Child's Name
Who is in the child's family?
Who lives at home with your child?
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? ☐ Yes ☐ No Additional Details?
Are there any changes or transitions that your child has recently experienced or is experiencing? (divorce, new home, death of family member, friend or pet? ☐ Yes ☐ No Additional Details?
Please indicate all of the words that best describe your child's personality and behavior: active adventurous affectionate anxious leader bright busy calm cautious cheerful content creative curious easily-upset emotional energetic excitable friendly follows directions happy hesitant likes structure/routines loud loving outgoing prefers adult attention quiet sensitive serious shares-well social spontaneous stubborn other: List of words:
Are there additional personality and behavior characteristics that would be useful to know about your child?

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Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?
What causes your child to feel angry or frustrated?
General education Pre-K students must be potty trained to attend the program. Is your child toilet trained? ☐ Yes ☐ No Does your child need assistance when using the toilet? ☐ Yes ☐ No If so, how?
What time does your child normally got to bed at night and wake up in the morning?
What time(s) and for how long does your child usually nap?
What you are you and/or child excited about as he/she starts in this program?
What might you and/or child be anxious 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

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Ready4Success

Parent Release for Child Information, Early Reading and Early Math Screenings

Our preschool program is committed to supporting your child by providing early learning experiences that will help him or her be kindergarten ready. We are partnering with the Ohio State University's **Ready4Success** initiative and Early Start Columbus to receive assistance for early reading and math. By signing this **Permission Release,** your child's teacher will receive information that will help us plan lessons that will support your child's learning.

I hereby grant permission for _____
(Child's Legal Name)

be administered the Get Ready to Read and/or Preschool Early Numeracy Skills Test in the Fall of the current school year (pre-screening) and in the Spring of current school year (post screening). This information will be used by my teacher to identify instructional strategies that will help my child with early reading and early math development.

I give permission to Columbus City Schools
(Provider Name)

to share the screening results and basic information (e.g. date of birth, language and race) with Ready4Success, *Future*Ready Columbus, HMB, Early Start Columbus and/or the receiving school. I also permit the Crane Center for Early Childhood Research and Policy to obtain my child's Kindergarten Readiness Assessment information from the school district so that we may share these results with my child's preschool program for program improvement.

I understand that this information will be kept confidential and used only for improvement measures by the program. I understand that all personal information will be kept confidential.

Child's Legal Name (First, Middle, Last) (printed)	Child's Date of Birth
Parent/Guardian's Legal Name (printed)	
Parent/Guardian's Signature	Date

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