

PRESCHOOL

Enrollment/Registration Checklist

Please review carefully!

The following items must be present at the enrollment/registration appointment:

- Child's birth certificate (original)
- Parent/guardian's picture ID
- Proof of Residency
 - Either a current lease or deed **AND** original utility bill dated within the last 30 days
- Custody papers
 - If applicable, must be the entire court-stamped document
- Health and School History form
- Medical form
 - Must be completed by a physician, valid for 13 months after examination
 - Immunizations provided by physician, w/physician's signature.
- Dental form
 - Must be completed by a dentist, valid for 13 months after examination
- Income report form
 - Complete if applying for tuition reduction. Proof of income is required.

School History Record

Does your child attend another child care center in addition to ours? Yes _____ No _____

If so, how many hours per week? _____

Has your child ever been in a special school or class because of physical condition or health reason?

Yes _____ No _____ Explain _____

Do you feel there are any characteristics relating to the personality of your child that would help the teacher or nurse better understand your child? _____

Nutrition

Does your child eat breakfast?.....Yes _____ No _____

Does your child eat lunch at .. Home? _____ School _____ Elsewhere _____

How much milk does your child drink daily? _____

Check any other beverages your child drinks daily:

Juice _____ Water _____ Other _____

Does your child have any food allergies, ethnic or religious restrictions or a special diet?

Health History

1. List any medication allergies: _____

2. List any medication your child takes: _____

3. List any chronic health problems, diseases or any history of hospitalization: _____

Annual Class Roster

Each year we prepare a roster for each group of children in our program. This roster will not be furnished to any persons other than parents of children enrolled in our program.

I authorize my child's name, my name, and phone number to be listed on the parent roster:

Yes _____ No _____ Parent signature: _____

Photo Permission

Pictures are taken of your child to use within classroom activities. Sometimes newspapers or organizations like to do stories and displays about our children. Please check if we have your permission to use your child's picture in connection with Early Childhood/ESC of Lake Erie West activities.

Yes _____ No _____ Parent signature: _____

Educational Service Center of Lake Erie West Early Childhood Program

Child's Medical Statement

ATTENTION: As required by Rules 5105:2-12-37 and 5101:2-13-37, the child must be examined within twelve months prior to admission.

| REQUIRED SCREENINGS | DATE | RESULTS |
|--------------------------|------|---------|
| Hemoglobin - most recent | | |
| Lead - most recent | | |
| Height | | |
| Weight | | |
| Vision | | |
| Hearing | | |

Immunization Record: Enter month/day/year of each immunization

| | | | | |
|-----------|---|---|---|---|
| DTP | 1 | 2 | 3 | 4 |
| POLIO | 1 | 2 | 3 | |
| MMR | 1 | | | |
| HIB | 1 | 2 | 3 | 4 |
| HEP B | 1 | 2 | 3 | |
| Varicella | 1 | | | |

This child has had the immunizations required by Section 3313.671 of the Ohio Revised Code for admission to school, or has had the immunizations required by the Ohio Department of Health for infants and toddlers,
OR the child is exempt from immunization for the following reason _____

I examined _____ on _____ and certify that this child is free from apparent communicable disease and is in suitable condition to attend a preschool program, based on his/her medical history and physical condition at the time of this examination.

| | |
|---------------------------------|--|
| Physician's Signature | |
| Physician's Name (please print) | |
| Address | |
| City, State, Zip Code | |
| Telephone Number | |
| Parent Name | |
| Child's Birth Date | |

This form meets the requirements of Rule 3301-37-05A, C(1) and C(3) of the Ohio Administrative Code.

Medical and dental forms are valid for 13 months after the date of examination. This form may need to be updated during the school year.

Educational Service Center of Lake Erie West

Early Childhood Dental Form

Child's Name _____ Date of Birth _____

Address _____

Parent/Guardian Name _____

Dental Examination

Oral Hygiene

- 1. Excellent.....0
- 2. Average.....0
- 3. Poor—reviewed home care.....0

Prophylaxis

Date

- 1. Exam _____
- 2. Fluoride _____
- 3. X-rays _____

Recommendations following examination

- 1. Treatment necessary.....0
- 2. Treatment completed.....0
- 3. No treatment necessary.....0
- 4. Treatment not completed.....0

Remarks

Dentist Name _____

Signature _____

Address _____

Phone and fax number _____

Medical and dental forms are valid for 13 months after the date of examination. This form may need to be updated during the school year.

Funding for our preschool program is based, in part, on the income level of the children we serve. If you wish to receive a reduced tuition rate, **this form must be completed and income must be verified.** Please attach one of the following: copies of at least two paycheck stubs; a JFS statement for foodstamps; a copy of your previous year's 1040 tax return; or a copy of your W-2.

EDUCATIONAL SERVICE CENTER OF LAKE ERIE WEST INCOME REPORT FORM

Name of Child _____ Program _____

Please complete the following information:

1. **Household Members:** List the names of everyone living in your household. Include yourself and the child listed above.
2. **Income:** List all income received last month on the same line with the person who received it. You must list gross income before deductions for taxes, social security, etc. List each amount under the correct title.
3. **How Often Income Received:** Print how often income received (frequency) next to amount such as monthly, twice a month, every two weeks, or weekly.

| Household members | Earnings from work before deductions | Welfare, child support, alimony | Pensions, retirement, social security | Other cash income |
|-------------------|--------------------------------------|---------------------------------|---------------------------------------|-------------------|
| | \$ / | \$ / | \$ / | \$ / |
| | \$ / | \$ / | \$ / | \$ / |
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| | \$ / | \$ / | \$ / | \$ / |

I certify that all of the above information is true and correct and that all income is reported.

Signature of Adult Household Member

Date