

# 2024 - 2025

## 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 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 court order showing court awarded custody.
- > Parent/Guardian must provide 2 documents verifying proof of residence in the Mad River Local School district. If you just recently moved, documents must be dated within 30 days of move. (The first document MUST be a lease agreement, mortgage payment coupon, closing statement or Deed if you own free & clear. The second can be: electric bill, gas/oil bill, water bill, home owner or renters insurance, vehicle registration or insurance, payroll check, child support check, social security/welfare/assistance payment, voter registration.)
- 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.
- 2023 W-2, tax return or last 4 current pay stubs (must be consecutive) for all working adults in the home. If you receive Child/Spousal Support, ODJFS Benefits, Social Security, Disability, Worker's Compensation or Retirement Benefits, you must also 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 Classes: 8:15 a.m. to 1:30 p.m.

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. Priority is given to eligible 4 year olds who will be transitioning to Kindergarten.

Our half-day programs (am and pm) 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.

<b><u>Full Day Program Eligibility/Guidelines</u></b>	<b><u>Half Day Program Eligibility/Guidelines</u></b>
<ul style="list-style-type: none"> <li>*Must meet ODE's federal poverty guidelines</li> <li>*Must be potty-trained</li> <li>*Priority spots given to 4 year olds transitioning to Kindergarten</li> <li>*Includes Breakfast and Lunch</li> <li>*Monday-Thursday</li> <li>*Hours are 8:15am-1:30pm</li> <li>*Transportation is not provided</li> <li>*No Cost</li> </ul>	<ul style="list-style-type: none"> <li>*Families of all income levels</li> <li>*Must be potty-trained</li> <li>*Priority spots given to 4 year olds transitioning to Kindergarten</li> <li>*Includes Snack</li> <li>*Monday-Thursday</li> <li>*Hours are 8:15am-11:15am (AM session) or 12:15pm-3:15pm (PM session)</li> <li>*Transportation is not provided</li> <li>*No Cost</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>*Students who are ages 3-5 and qualify for Special Education Services</li> </ul>

**Additional Guidelines for Registration:**

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



**PRESCHOOL STUDENT REGISTRATION FORM**

(Office Use Only)

Enrollment Date \_\_\_\_\_

Student ID # J55 \_\_\_\_\_

AM  PM  Full-Day

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: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Including Preschool)

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:  White  Black/ African American  Asian  Native Hawaiian/Pacific Islander  American Indian/Alaska Native

(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? \_\_\_\_\_

**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 \_\_\_\_\_

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: (circle one) Mother & Father Mother Only Father Only Mother & Stepfather Father & Stepmother 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

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: \_\_\_\_\_

**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.

<b>Student Name:</b> <i>(First Name and Last Name)</i> _____	<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i> _____
<p><b>Communication Preferences</b> 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.</p>	<p>1. In what language(s) would your family prefer to communicate with the school? _____</p>
<p><b>Language Background</b> 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.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What languages are used in your home? _____</p>
<p><b>Prior Education</b> 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.</p>	<p>5. In what country was your child born? _____</p> <p>6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If yes, how many years/months? _____</p> <p style="margin-left: 20px;">If yes, what was the language of instruction? _____</p> <p>7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If yes, when did your child first attend a school in the United States? _____/_____/_____ Month      Day      Year</p>
<p><b>Additional Information</b> Please share additional information to help us understand your child's language experiences and educational background.</p>	
<p>Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____</p> <p>Parent/Guardian Signature: _____ Today's Date: <i>(mm/dd/yyyy)</i> _____</p>	

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>



**\*\*\*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.

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

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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 15<sup>th</sup> 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  
(Parent Initials) appropriate school staff as deemed necessary for the safety of my child.

Thank you,

*Your Mad River Local School Nurse*





### Child Medical Statement For Preschool

Child's Name (print)		Date of Birth
<p>This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care.</p> <p>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).</p>		
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**

<p>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).</p>			
<p>I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code.</p>			
Please note disease above and sign.			
Signature of Parent			Date of Signature
<b>Optional/Recommended Assessments &amp; Screenings</b>			
Vision	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

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## 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<sup>st</sup> birthday.)

Hepatitis B— 3 doses (3<sup>rd</sup> 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<sup>st</sup> birthday)

Rotovirus — 2-3 doses

Pneumococcal —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.

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# 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: \_\_\_\_\_



Ohio Department of Job and Family Services  
Ohio Department of Education  
**EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL**

**Tell us about you (the applicant)**

First Name	MI	Last Name	
Address			Today's Date
City	State	County	Zip Code
Phone Number (    )	Additional Phone Number (    )	E-mail Address	

**Tell us about the people in your home**

Name <i>(First, Middle, Last)</i>	Relationship to You <i>(spouse, son, friend, etc.)</i>	Race	Hispanic or Latino <i>Y or N</i>	Spoken Language	Date of Birth	Gender <i>M or F</i>	U.S. Citizen <i>Y or N</i>
	Self	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					

Child 1	Provider Name and Address	What hours/days do you need services? (i.e. child care or preschool) <i>Check all that apply</i>
Name		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat  <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings  <input type="checkbox"/> Weekends
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		

**Special Needs**

Is your child in need of special needs child care based on this definition?

"Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.

Yes  No

Child 2	Provider Name and Address	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat  <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings  <input type="checkbox"/> Weekends
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		

**Special Needs**

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Yes  No

Child 1	Provider Name and Address	What hours/days do you need services? (i.e. child care or preschool) <i>Check all that apply</i>
Name		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat  <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings  <input type="checkbox"/> Weekends
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		

**Special Needs**

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Yes  No

Child 2	Provider Name and Address	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat  <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings  <input type="checkbox"/> Weekends
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		

**Special Needs**

Is your child in need of special needs child care based on this definition?

"Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.

Yes  No





Child 3	Provider Name and Address	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat  <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings  <input type="checkbox"/> Weekends
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		
<p><b>Special Needs</b></p> <p>Is your child in need of special needs child care based on this definition?            "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

## Tell us about your finances

Will you or the people in your home receive income this month?  Yes  No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, bi-weekly, etc)	Date Last Received	Work or School Schedule (please list times)
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____

Do you or anyone in your household pay Child or Spousal Support?  Yes  No  
How Much?

Signature of Applicant	Date
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## Tell us about your finances

Will you or the people in your home receive income this month?  Yes  No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

Name	Type of Income	Amount of Income <i>(before taxes)</i>	How Often Received <i>(weekly, bi-weekly, etc)</i>	Date Last Received	Work or School Schedule <i>(please list times)</i>
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____

Do you or anyone in your household pay Child or Spousal Support?  Yes  No

How Much?

Signature of Applicant	Date
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# preschool PROMISE

Preschool Promise  
Application  
2024-2025

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: M / F Address: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Name of Preschool: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*The release below gives Preschool Promise permission to gather basic information about your family that you have already given to your Preschool Provider so you don't have to complete another application.*

**Preschool Promise and School District Release (once child enters kindergarten):** I hereby allow Preschool Promise, Inc. and other associated and sponsoring agencies to collect and share data about my child's preschool assessment scores, including but not limited to, school attendance, K-3 reading intervention/special needs participation, and any other state standardized achievement assessment scores now and in the future. Additionally, I hereby authorize my child's school district to release Preschool Promise, Inc. any data regarding the kindergarten screening and assessment scores relating to body awareness, spatial concepts, memory of sentences, phonemic awareness, vocabulary, letter id/letter sounds/number awareness, visual motor, and speech/vision/hearing. This data will only be used for research, education, and/or funding purposes. Preschool Promise shall comply with the Family Educational Rights and Privacy Act, 20 U.S.C. Section 1232g, as applicable. I also understand that my child will receive one free book/month in the mail.

**Preschool Provider and County Job and Family Service Release:** Further, in order to help with the completion of this application, I hereby authorize my child's school district, Preschool Provider, and/or the Montgomery County Job and Family Services to release to Preschool Promise, Inc. certain information regarding my family and/or my child that it may have on file or in its databases, including but not limited to the child's date of birth, household size, household income, residency, custody information, and child care authorization stating weekly co-payment (if requesting tuition assistance) and any other family and demographic information outlined and requested in this application. I hereby consent to such disclosure of my family and my child's information by my child's school district, preschool provider and/or the Montgomery County Dept. of Job and Family Services to Preschool Promise, Inc. I, as the parent/legal guardian of the child, authorize Preschool Promise, Inc. to release any information in the application to individual preschool providers for the purpose of record keeping, audits and improving access to quality preschool education.

**Text Release:** By participating in Preschool Promise, you agree to receive Preschool Promise information and Kindergarten Readiness Tip messages via text platform One Call Now. You agree to receive multiple messages from both providers, including up to four messages per week from Preschool Promise. You also agree to One Call Now's terms and conditions, available at <https://www.onecallnow.com/service-agreements/> and Privacy Policy available at <https://www.onsolve.com/privacy-statement/>. Data & message rates may apply. You may cancel your receipt of One Call Now text messages at any time by "opting out" when prompted or following the instructions provided in the terms and conditions information referenced above.

**Tuition Assistance Policy (if receiving):** If receiving tuition assistance, I understand that if my child attends less than 60% of his/her scheduled service days for two months, not necessarily consecutively, I will no longer be eligible for tuition assistance. If your child attends fewer than 60% of his or her scheduled days/month, you and your provider will receive a letter stating that the child is on an "Attendance Inquiry" list. **If your child misses more than 60% of his or her scheduled days a second month (not necessarily consecutively), you will lose all future tuition assistance.** Families that experience extreme hardships that cause their children to fall below the attendance requirement may request special consideration and, if their appeal is granted, they may not lose their eligibility and tuition assistance. Those exceptions will be considered on a case-by-case basis. If your child changes providers in the middle of a month, tuition assistance will not be awarded to the new program until the following month, unless the family can prove an immediate transfer was required. You will be responsible for the difference in payment to the provider. The exception to this policy is for school districts where there is a Preschool start date in the middle of the month to follow the school year. Payment for that month will be prorated.

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

- 1) Allow Preschool Promise to use photos/videos of my child in the promotion of Preschool Promise?  Yes  No
- 2) Total number of people in your household (*do not include children over 18 or non-guardian adults*)? \_\_\_\_\_
- 3) Child's primary language:  English  Spanish  Turkish  Arabic  Swahili  Mandarin  Kinyarwanda  
 Other, please specify: \_\_\_\_\_
- 4) Child's ethnicity:  Asian-American  African American  Hispanic  Multi-Racial  Native American  White  
 Other, please specify: \_\_\_\_\_
- 5) Primary guardian's highest level of education:  Less than high school  High school or GED  Some college  
 Associate degree  Bachelor degree  Master degree  Ph.D.
- 6) Child's T-Shirt Size:  Youth XS (2-4)  Youth S (6-8)  Youth M (10-12)  Youth L (14-16)
- 7) Primary Guardian's T-Shirt Size:  S  M  L  XL  2XL  3XL  4XL  5X
- 8) Are you currently receiving PFCC/Title20:  Yes – Case#: \_\_\_\_\_  No

## Preschool Promise Research Consent

**Preschool Promise is helping Preschools in Montgomery County keep improving. The University of Dayton's Richard Stock and Mary Fuhs are doing research to learn what instruction benefits children the most.** We would like your child to be part of our research. If you agree, we will collect information regarding your child during Preschool and the K – 3rd grade years, including your child's school assessments, surveys about your child's Kindergarten experience, attendance and demographic information, and their state student ID number. Also, we will randomly select Preschools for more in-depth individual assessments. If your child's school is selected, your child will be asked to do short assessments at their school in the Fall and again in the Spring. One assessment is a card game played on an iPad that is similar to the game Simon Says (5-7 minutes). Others involve picture books and asking questions about literacy, math, and language (15-20 minutes). Children typically enjoy doing these assessments but may stop participating at any time without any consequences. These assessments will be done in the classroom or hallway at school. All of this information is routinely collected by schools as part of their normal procedures and will be treated confidentially and securely stored. Your child's name will be kept separate from all assessment data we collect. Your name and your child's name will not be shown or published anywhere. Preschools may be given results from our assessments to improve their teaching, but all scores will be classroom or center/school averages. No child's individual score will be shared.

Please feel free to contact us at any time: Richard Stock, (937) 229-2453, [rstock1@udayton.edu](mailto:rstock1@udayton.edu), Mary Wagner, (937) 229-2775, [mfuhs1@udayton.edu](mailto:mfuhs1@udayton.edu). You also may contact the chair of the University of Dayton Research Review and Ethics Committee, Benjamin Kunz, Ph.D., at (937) 229-2678 or [rec@udayton.edu](mailto:rec@udayton.edu).

**I voluntarily agree to allow my child to participate in this study. The researchers have answered all my questions about procedures and my participation. I understand that the research team will be available to answer any questions I have in the future. I also understand that I may end my participation in this research at any time without penalty and that the research team may end my participation as well. Leaving the study or choosing not to participate will in no way affect our family's participation in Preschool Promise. I am 18 (eighteen) years of age or older.**

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Signature of Parent/Date

Parent's Name (printed)

The University of Dayton supports researchers' academic freedom to study topics of their choice. The topic and/or content of each study are those of the principal investigator(s) and do not necessarily represent the mission or positions of the University of Dayton.