

2020 - 2021

PRESCHOOL REGISTRATION

CHECKLIST

All documentation listed below will need to be 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.
- **W-2 of parent(s) must be provided at the time of registration.** If parent is unemployed, they must provide proof of income (ODJFS paperwork, Social Security paperwork, etc.)
- Classroom Session Times:
 - Morning Session: 9:00 a.m. to 11:30 a.m.
 - Afternoon Session: 12:30 p.m. to 3:00 p.m.
 - ECE Class: 8:15 a.m. to 1:30 p.m.

MAD RIVER LOCAL SCHOOL DISTRICT
INTEGRATED PRESCHOOL PROGRAM

General Information

The Mad River Local School District sponsors a preschool program for children ages 3 to 5. The purpose of the program is to provide an opportunity for children with disabilities to associate with typically developing children in a learning environment. Additional services are also provided, as needed, to the children with disabilities. The program offers morning and afternoon sessions on Monday through Thursday. Each class is composed of sixteen children or less; up to eight of whom are identified as children with disabilities and up to eight typically developing children.

Student Selection

The preschool children with disabilities are identified through the legally required multifactorial evaluation process. 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 program. Typically developing students may also be screened for any unique or special needs.

The typically developing children are selected using the following guidelines:

1. The parent/legal guardian must meet the residency and intake requirements for students enrolled in Mad River Local Schools.
2. Typical students must meet the following criteria:
 - toilet trained;
 - communicate with age-appropriate language;
 - follow simple directions.
3. Initial placements are on a first come first served basis for qualifying Mad River students, priority will be given to students who are age 4.
4. A waiting list will be maintained throughout the school year and students will be placed as openings occur.
5. Selection does not guarantee future placement. However, priority for second year placement will be given to current enrollees.
6. Siblings within a family are required to submit individual applications and are considered separately.
7. Transportation is the responsibility of the parent.
8. All completed applications should be submitted for processing to Mad River Local Schools, Office of Curriculum Department, 259-6640.

Location and Hours

The preschool program is located at the Mad River Early Childhood Center, 801 Old Harshman Road. The program offers morning and afternoon sessions four days per week, Monday through Thursday. Typically developing children are expected to be enrolled for four half-day sessions per week. Children with disabilities are enrolled according to their needs as determined by the Individual Education Plan (IEP) team. Hours of operation are:

Morning Session: 9:00 a.m. to 11:30 a.m.
Afternoon Session: 12:30 p.m. to 3:00 p.m.
ECE Class: 8:15 a.m. to 1:30 p.m.



PRE SCHOOL STUDENT REGISTRATION FORM

(Office Use Only)

Enrollment Date _____

Student ID # J55 _____

Class preference: AM _____ PM _____

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: (Including Preschool)		City:	State:
			Zip:

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: (select all that apply) ☐ W-White, Non-Hispanic ☐ B-Black, Non-Hispanic ☐ I-American Indian or Alaskan Native
☐ A-Asian/Pacific Islander ☐ P-Native Hawaiian or Other Pacific Islander

(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? _____ Father _____ Mother _____

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 _____

Student Name: _____ Grade: _____ Date of Birth: _____

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: (check one) ☐ Mother & Father ☐ Mother Only ☐ Father Only
☐ Mother & Stepfather ☐ Father & Stepmother ☐ Foster Parent
☐ Grandparent ☐ Host Family ☐ 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 living in home

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.

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

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.

Student's native language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.	_____
Student's home language See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.	_____
Potential English learner 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.
Immigrant student status 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)

(This form must be filled out for **ALL** new students regardless of Military status)



MILITARY SERVICE QUESTIONNAIRE

The Ohio Department of Education is requiring all school districts to collect limited information regarding military families. Please complete this form, sign and return to your child's school.

Student Name: _____ Grade: _____

Building of Attendance: _____

In your current household, is one or more family member(s) currently serving in a branch of the U.S. Military? ☐ YES ☐ NO

Military Status: ☐ Active Duty (Including Reserves Deployed) ☐ National Guard

Branch: ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy

Thank you for your cooperation.

Printed name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

- * In an effort to better support children of military dependents, the Ohio Department of Education proposes to create the Ohio Network for Military Families. The Ohio Network for Military Families will serve as an online "virtual" hub providing information and tools for families and connections to a range of student and family supports.
- * The Ohio Department of Education will partner with the Wright-Patterson Air Force Base and the Ohio National Guard to connect with counselors, teachers, principals, superintendents, and administrative office staff to inform and educate school staff on how to recognize challenges faced by military families and provide appropriate supports for Ohio's "military kids".
- * Districts will also now report which students come from military families so that these students' academic growth can be monitored.

Mad River Local School Nurses

801 Old Harshman Road, Riverside, Ohio 45431

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 15th 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 _____ Grade _____

Email Addresses _____

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

Mad River Local Schools
Child Medical Statement For Preschool

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

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). 			
<input type="checkbox"/> I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code. Please note disease above and sign.			
Signature of Parent			Date of Signature
Optional/Recommended Assessments & Screenings			
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Measurements		Other	
Height		Notes	
Weight			
BMI			

Preschool
Immunization Schedule
Per the Ohio Department of Health

School Year 2018-2019

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 1st birthday.)

Hepatitis B – 3 doses (3rd 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 1st 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.**

DENTAL EXAMINATION FORM

Please forward completed form to: MAD RIVER LOCAL SCHOOLS
Preschool/Student Services
801 Old Harshman Rd, Dayton Ohio 45431
Phone: 937-259-6640 Fax: 937-259-6611

Patient Name: _____ DOB: ____/____/____ M: ____ F: ____

Address: _____

Phone: _____ 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: _____
Location: _____ Treatment: _____

PERMANENT DENTITION

- ☐ Missing Teeth YES/No ☐ Loose Teeth YES/NO ☐ Broken Teeth YES/NO
- ☐ Dental caries YES/NO Location: _____ Treatment: _____
Location: _____ Treatment: _____

I certify that this child was examined on the date stated below.

Date of Exam: _____ Dentist Signature _____

Address: _____ Phone: _____ Fax: _____

