



WELCOME TO PRE-K!

2017-2018 School Year

**THE ITEMS LISTED BELOW ARE REQUIRED IN ORDER
FOR YOUR CHILD'S REGISTRATION TO BE CONSIDERED COMPLETE:**

1. *The 1st month's tuition is due at the time of registration.*

PAYMENTS ARE NON-REFUNDABLE.

2. completed registration forms
3. birth certificate
4. current immunizations
5. custody papers (if applicable)
6. income verification (i.e. tax return or W-2)(if applicable)
7. parent photo ID
8. proof of residency
 - Utility Bill (gas, electric, or water)
 - Rental Agreement/Purchase Agreement/Construction Agreement
Note: telephone bill, cable bill, and mortgage statement are not accepted as proof of residency.

IMPORTANT NOTES:

- A current **physical form** signed by a physician **must be on file before** your child can attend Pre-K classes. (Physicals expire a year after the date of the last physical.)
- Children need to be completely toilet trained before attending Pre-K.
- Transportation is not provided.
- **ALL** students are required to pay a **\$20.00 program fee, due when registering.**

It helps offset the cost of consumable classroom supplies such as construction paper, play dough, craft items and paints to name just a few. In addition, the program fee covers the expenses for the Fishing Adventure in May.

- **Registration payments are non-refundable.**

Office use only
Start date _____
Paid _____

MADISON LOCAL SCHOOL DISTRICT PRE-K PROGRAM 2017-2018

Student Name (first, middle, last) _____ Birth Date _____

Complete Mailing Address: _____

Primary Phone: _____ Secondary Phone: _____

District of Residency: Madison Geneva Perry Other _____

Who has legal custody of above named child? (Parent/Guardian Names) _____

Are there legal custody papers pertaining to this child? No Yes

Does your child have a current IFSP or IEP? No Yes

Does your child receive therapy services? No Yes (If yes, please circle: speech / occupational / physical / counseling)

Please choose one of the following sessions:

5 Day Program

_____ 12:30 – 3:00 p.m. M – F
**** Must be 4 by September 30, 2017 ****

Tuition

\$0 - \$125/month
(Those who qualify for free or reduced tuition please see the office.)

4 Day Program

_____ 8:30 - 11:00 a.m. M – Th

\$100/month

_____ 12:30 – 3:00 p.m. M – Th

\$100/month

3 Day Program

_____ 8:30 – 11:00 a.m. M W F

\$90/month

2 Day Program

_____ 8:30 – 11:00 a.m. T / Th

\$80/month

***** FEES SUBJECT TO CHANGE *****

How did you hear about Madison Pre-K? flyer word of mouth website other _____

**MADISON LOCAL SCHOOL DISTRICT
PRE-K PROGRAM**

In - Class Photo / Video Release

During the school year we like to take informal photographs or videos of the children at work and at play. These photographs are used for student portfolios and classroom projects.

- Yes, my child's photo may be taken and used in the classroom.
- No, my child's photo may **not** be taken and used in the classroom.

Child's Name _____

Parent/Guardian Signature _____ Date _____

General Media Photo / Video Release

- Yes, I give my permission to have my child's name and photo published in the local newspapers.
- No, I **do not want** my child's name and photo published in the local newspapers.

Child's Name _____

Parent/Guardian Signature _____ Date _____

Parent Roster Statement

In accordance with Rule 5101:2-12-54 of the Ohio Administrative Code, a roster for each group of children, which includes names and telephone number of parents, custodians, or guardians of children attending the center must be prepared annually and given to parents, custodians, or guardians upon request.

- Yes, I would like my name, address and telephone number included on this roster.
- No, I would **not** like my name, address and telephone number included on this roster.

Parent/Guardian Signature _____ Date _____



Madison Local School District

For Office Use Only
Date Registered
Date Enrolled
Teacher/Room#
Bus# - AM/PM

Registration for: [] NES [] SES [] MMS [] MHS [] MPK

The laws of the state of Ohio (Ohio Revised Code Section 3313.64, 3313.08, 3319.04, 3327.06) provide that a school age child under the age of 18 years can attend school out of the district in which his/her parent(s) or other court appointed guardian have established legal residence unless the parent/guardian has applied and been approved for Inter-District Open Enrollment.

Children found to be attending in defiance of the residency conditions set forth above are to be removed from the school district rolls and not be permitted to continue their education in the Madison Local School District. The district reserves the right to charge tuition for student attendance in violation of the residency requirements.

STUDENT INFORMATION (Please use legal name and PRINT CLEARLY!)

Table with 6 columns: Student's Last Name, First Name, Middle Name, Date of Birth, Gender, Grade Entering

Student's city of birth: (Original Birth Certificate to be copied by school personnel)

Student lives with (check one): [] Both Parents [] Mother [] Father [] Other (explain)

Parent's Marital Status: [] Married [] Divorced [] Separated [] Single [] Remarried [] Never Married [] Widowed

Does your student have an Individualized Education Plan (IEP)? [] Yes [] No

Per US Department of Education requirements, when collecting race/ethnicity information districts must collect this information by using a two part question found below: Please complete both Part 1 and Part 2.

Part 1 - Is Student Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)? [] Yes [] No

Part 2 - Racial Group - Check all that apply

- W: White (People who have origins in any of the original peoples of Europe, North Africa, or the Middle East)
B: Black or African American (Persons having origins in any of the black racial groups in Africa)
A: Asian (Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
I: American Indian or Alaskan Native (Persons having origins in any of the original peoples of North and South America including Central America and who maintain tribal affiliation or community attachment)
P: Native Hawaiian or Other Pacific Islander (Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

** If the parent/Guardian refuses to provide this information, the district shall use observer identification.

Citizen Status: (Check One)

[] U.S. Citizen [] Exchange Student [] Other Non U.S. Citizen (explain)
[] Immigrant (Not born in U.S. and not in U.S. schools for at least 3 years) Date entered U.S. Date entered U.S. School

PARENT / GUARDIAN Information - Primary Household (student lives with you) Proof of Residency required at Registration

Relationship to Student: First Name MI Last
Address: City Zip Code
Home Phone Work Phone Cell Phone
e-mail Address Have rights to view Parent Portal? YES NO

Relationship to Student: First Name MI Last
Work Phone Cell Phone e-mail Address
Have rights to view Parent Portal? YES NO

NON-CUSTODIAL PARENT/Guardian (if applicable) - Secondary Household (separated, divorced or never married)

Relationship to Student: First Name MI Last
Address: City Zip Code
Home Phone Work Phone Cell Phone
Receive Student Mailings? YES NO e-mail Address
Have rights to view Parent Portal? YES NO

Additional Student Information

Primary/Native Language: _____

Please check the appropriate enrollment description:

- _____ Enrolled in School for the First Time – Not including Preschool
- _____ Preschool Student
- _____ From a Non-Public School in Ohio
- _____ From a Public School in Ohio
- _____ From Out of State / Out of Country
- _____ From Home Schooling
- _____ Court Referral

Name of school previously attended (if applicable) _____

Has this student been enrolled in the Madison Local School District previously? _____ YES _____ NO
 If yes, when? _____ School Attended? _____

Is this student presently under expulsion or suspension from previous school? _____ YES _____ NO

Is there anyone that **LEGALLY** should **NOT** have access to student information? (Please list and provide document
 Name _____ Relationship to Student _____
 Address _____

Is there any legal information pertaining to this student that the school district should be aware of? _____ YES _____
 If yes, a copy of the pertinent information must be on file in the school office. (i.e., court ordered restrictions related to s
 records, supervised contact with student, custodial order, shared parenting agreement, etc.)

SIBLINGS IN HOUSEHOLD

List all siblings/step-siblings under the age of 18 who live at home with the student for whom this form is being completed.

Last Name	First Name	Middle Name	Date of Birth	Gender	Legal Guardian

LOCAL EMERGENCY CONTACT INFORMATION

If the parent/guardian cannot be contacted in the event of illness/emergency the persons listed in this section will be contacted. If the non-custodial /non-residential parent is to be contacted enter that information here.
 Please list persons living in or near Madison other than the parent/guardian listed in section(s) 2 & 3.

Last Name	First Name	Relationship	Day Phone#	Cell Phone#

I agree to immediately inform the Madison Local School District Central Office (440-428-2166 ext. 336) of any changes residence and/or standing as legal custodian/guardian of the child(ren) which are being registered, and to provide a cer copy of any court order which affects the custody or residency of said child(ren), which may be issued in the future.

Signature of Parent / Guardian Enrolling Child _____

Relationship to Child _____

Date _____

Office Use Only: _____ SPED _____ EMIS _____ OE Student/Assistant Superintendent's Office

**MADISON LOCAL SCHOOL DISTRICT
PRE-K PROGRAM**

Name of Child (first, middle, last):	Birth Date:	Birth Place (City & State):
Street Address, City, State & Zip Code:		
Mother's/Guardian's Name:	Street Address, City, State & Zip Code:	Phone: Cell:
<u>Employer's Name:</u>	Street Address, City, State & Zip Code	Work Phone:
Father's/Guardian's Name:	Street Address, City, State & Zip Code	Phone: Cell:
<u>Employer's Name:</u>	Street Address, City, State & Zip Code	Work Phone:

<p>There are legal custody papers pertaining to this child. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

EMERGENCY TRANSPORTATION AUTHORIZATION

People to be contacted in the event of an emergency, if the parent cannot be reached:

Name:		Name:	
Street Address:		Street Address:	
City, State, Zip:		City, State, Zip:	
Relationship to Child:	Phone:	Relationship to Child:	Phone:

Name of Physician or Clinic:		Name of Dentist or Clinic:	
Street Address:		Street Address:	
City, State, Zip:	Phone:	City, State, Zip:	Phone:

**MADISON LOCAL SCHOOL DISTRICT
PRE-K PROGRAM**

Babysitter/After-School Pick-Up Information

In addition to those listed as emergency contacts, my child can be released to:

Babysitter Information:					
Name _____	Phone _____	Cell _____			
Street Address, City, State, Zip Code _____					
Provides care:	<input type="checkbox"/> Before school	<input type="checkbox"/> After school			
Days of week:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

With prior permission, my child may go home with:		
Name _____	Phone _____	Cell _____
Street Address, City, State, Zip Code _____		
Name _____	Phone _____	Cell _____
Street Address, City, State, Zip Code _____		
Name _____	Phone _____	Cell _____
Street Address, City, State, Zip Code _____		
Name _____	Phone _____	Cell _____
Street Address, City, State, Zip Code _____		
Name _____	Phone _____	Cell _____
Street Address, City, State, Zip Code _____		

PART I (TO GRANT CONSENT)

I HEREBY GIVE CONSENT FOR THE FOLLOWING MEDICAL CARE PROVIDERS AND LOCAL HOSPITAL TO BE CALLED:

Doctor (Area Code) Phone Number

Address City State Zip

Dentist (Area Code) Phone Number

Address City State Zip

Medical Specialist (Area Code) Phone Number

Hospital (Area Code) Phone Number

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by above named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concur in the necessity for such surgery are obtained prior to the performance of such surgery.

Fact concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

Date Signature of Parent / Guardian

PART II (REFUSAL TO CONSENT)

I DO NOT GIVE MY CONSENT FOR EMERGENCY MEDICAL TREATMENT OF MY CHILD. IN THE EVENT OF ILLNESS OR INJURY REQUIRING EMERGENCY TREATMENT, I WISH THE SCHOOL AUTHORITIES TO TAKE THE FOLLOWING ACTION:

Date Signature of Parent / Guardian

**MADISON LOCAL SCHOOL DISTRICT
PRE-K PROGRAM**

CHILD'S HEALTH INFORMATION – to be completed by parent

Rule 3301-37-05 of the Administrative Code requires preschool programs to secure health information from a child's parent no later than the first day of attendance unless otherwise indicated.

Name of Child (print or type):	Date of Birth:	Name of Parent/Guardian:
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1. Allergies: List all allergies affecting the child and any special precautions or treatments indicated for these allergies. _____

2. Modified Diet no yes explain: _____

3. Food Supplements no yes explain: _____

4. Medications: List all medications (including Fluoride) currently being administered to the child. _____

5. Important health information your teacher should know. Include chronic physical problems affecting the child. _____

6. History of Hospitalizations: List dates of all hospitalizations of the child. _____

7. Diseases: List all diseases the child has had. _____

Parent / Guardian Signature:	Date:
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MADISON LOCAL SCHOOL DISTRICT

Pre-K Program

DEVELOPMENTAL HISTORY

Please complete the following questionnaire. The information is confidential and will be used by Pre-K staff to get to know and understand your child better.

1. Has your child ever been to preschool or day care before? _____

Where _____ How long did s/he attend? _____

2. Has your child ever received special services (i.e., speech, occupational therapy, physical therapy, etc.)?

3. Did your child require any special medical care or hospitalization at birth or during the first month after birth?

4. Do you have any special concerns about your child (i.e., health issues, behaviors, etc.)?

5. Does your child spend time in creative expression, such as imaginative play, art, song, etc? Please indicate.

6. Does your child prefer to be called by a nickname? Please indicate _____

7. Siblings? Please name. _____

8. Please add any additional information that the school should be aware of in order to best meet the needs of your child. _____

