

ESC of the Western Reserve Preschool

2022-2023 School Year

8221 Auburn Road Painesville, Ohio 44077

www.escwr.org

Welcome to the Education Service Center of the Western Reserve Preschool Program! We are excited for your child to join our preschool program!!

Please complete the following paperwork and return along with all required records to ensure proper enrollment.

Students must be fully toilet trained before they are able to start the preschool program.

- Some exceptions are made for students on an Individualized Education Program (IEP).

*You will receive classroom specific information about your child's teacher such as the supply list, a calendar of events, and any other classroom specific information at the beginning of August.

It is very important that we have up-to-date contact information and immunization/medical information. If you have any changes after your enrollment packet has been submitted, please contact your child's teacher.

Additional Records Required:

- **Parent ID** (copy of the original)
- **Birth Certificate** (copy of the original)
- **Custody Papers** (if applicable)
- **Immunization Record** (A record of your child's immunizations **MUST** be in by the first day of school and must be current.)
- **Medical Statement** (*You have 30 days from your child's start date to get the physical. A current physical on file must be less than one year old. We **MUST** have a new physical one day prior to the expiration date*) The medical statement paper is included in this packet and must be completed by your child's physician. Please detach the last page of this enrollment packet and deliver to your child's physician.

Additional Records Required for Lake County:

- **Proof of Residency** (1 Proof for Fairport Preschool)
Acceptable forms – Gas, Electric or Water Bill, Rental Agreement/ Purchase Agreement/Construction Agreement, Notarized Letter from Homeowner.

*You can mail, email or drop off the completed enrollment forms:

In person or by Mail at:

ESC of the Western Reserve Preschool

Attn: Amy Dawson

8221 Auburn Road

Painesville, Ohio 44077

OR

By Email: Amy Dawson – adawson@escwr.org

If you have any questions, please do not hesitate to contact Amy Dawson Administrative Assistant at 440.350.2563 ext: 734 or at adawson@escwr.org

Rev. 5/2022



ESC of the Western Reserve Preschool Program

Please select preschool:

Lake County: Fairport

* For Perry Preschool please contact Perry Local Schools for enrolment 440-259-9200 Ex 9216

Geauga County: Cardinal Berkshire Metzenbaum Center Twinkle

ENROLLMENT FORM

Date: _____ **School Year:** _____ **Full Day:** _____ **Half Day:** _____ **AM** _____ **PM** _____

*Please mark your preference in numerical order; preference will be considered based on availability

| Student Information | | | | | |
|---------------------|------------|-------------|---------------|--------|------------|
| Last Name | First Name | Middle Name | Date of Birth | Gender | Birth City |
| | | | | | |

Student lives with: Both parents (same residence) Both parents (shared custody)
 Biological Mother Biological Father Relative/Guardian Court Placement Other _____

| Residential Parent / Guardian Information | | |
|--|--|------|
| <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other | |
| Name: | Name: | |
| Address: | | |
| City: | State: | Zip: |
| Home Phone: | | |
| Work Phone: | Work Phone: | |
| Cell Phone: | Cell Phone: | |
| Email: | Email: | |

District of Residence: _____

| Non-Residential Parent Information – if Applicable | |
|--|-------------|
| Select Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father | |
| Name: | Home Phone: |
| Address: | Work Phone: |
| Email: | Cell Phone: |

Student ethnic background (If a selection is not marked, the child will be classified as Multi-Racial)

Is student Hispanic/Latino? Yes No Please further indicate student's ethnicity by selecting **ALL** that apply:

- American Indian-Alaskan Native Asian Black/African American
 White Native Hawaiian/Pacific Islander (Multiracial- choose all that apply)

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HEALTH RECORD

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 or Guardian |
|-------------------------------|---------------|----------------------------|
| | | |

1. Allergies (List all allergies affecting the child and any special precautions or treatments indicated for these allergies).

2. Medications (List all medications currently being administered to the child).

3. Chronic Physical Problems (List all chronic physical problems affecting the child).

4. History of Hospitalizations (List dates of all hospitalizations of the child).

5. Diseases (List all diseases the child has had).

6. Please list any dietary supplements and/or fluoride supplements.

Home Language Survey

Please answer the following questions:

1. What language did your child speak when he/she first learned to talk? _____
2. What language does your child use most frequently at home? _____
3. What language do you use most frequently with your child? _____
4. What language do the adults at home most often speak? _____
5. How many years has your child attended preschool in the United States of America? _____

(For School Personnel: EMIS Student Data Element (G1270) needs to be completed with student's native/home language if questions 1-4 are answered in any language other than English. Proceed to access the student's English Language proficiency.)

Signature of custodial/residential parent: _____ **Date:** _____

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EMERGENCY MEDICAL CONTACTS AND TRANSPORTATION AUTHORIZATION

TO BE COMPLETED BY ADULT HAVING LEGAL AUTHORITY OVER THE STUDENT

The purpose of this form is to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached.

Student Name _____ Date of Birth _____ Home Phone _____
(Last) (First) (Area Code)
Address _____ City _____ Zip Code _____

In situations where the parent cannot be reached, the student may be released to the following:

Name: _____ Relationship: _____ Daytime Phone: _____ Cell: _____

Name: _____ Relationship: _____ Daytime Phone: _____ Cell: _____

Name: _____ Relationship: _____ Daytime Phone: _____ Cell: _____

PART I - TO GRANT CONSENT

I hereby give my consent for the following medical care providers and local hospital/emergency room to be called:

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____ Local Hospital: _____ Phone: _____

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 the 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, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of custodial/residential parent: _____ **Date** _____

PART II – REFUSAL TO CONSENT

***DO NOT COMPLETE PART II IF YOU HAVE COMPLETED PART I**

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: _____

Signature of custodial/residential parent: _____

Address: _____ **Date:** _____

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PARENT ROSTER INFORMATION

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

_____ I would like my name and telephone number to be included on this roster.

_____ I would **not** like my name and telephone number to be included on this roster.

PHOTOGRAPH, VIDEO, AND INTERVIEW RELEASE

Child's Name: _____

Please check if you grant/decline permission for each number listed below:

1. My child's photo may be used for classroom purposes.

Grant Permission: _____ Decline Permission: _____

2. My child's photo may be used in press releases, brochures, newspapers, slides, videotapes, or still photos to educate others regarding the ESC of the Western Reserve, ESC Preschool Programs, or to demonstrate teaching techniques. Grant Permission: _____ Decline Permission: _____

3. My child's first name and possibly last initial (in the event of two or more students with the same first name) may be used in press releases, brochures, newspapers, slides, videotapes, or still photos to educate others regarding the ESC of the Western Reserve, ESC Preschool Programs, or to demonstrate teaching techniques.

Grant Permission: _____ Decline Permission: _____

4. My child's photo may be used on the ESC of the Western Reserve Preschool program's social media accounts such as Facebook, Twitter, and/or the ESC of the Western Reserve website. For security purposes, your child's name will NOT be posted on the website or any social media sites (examples: Facebook, Twitter, etc.)

Grant Permission: _____ Decline Permission: _____

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the 2022 - 2023 school year.

DEVELOPMENTAL AND HEALTH SCREENING PARENTAL CONSENT

The Ohio Department of Education's Office of Early Childhood & School Readiness requires that each child obtain a health screening and developmental screening. Therefore, I understand that in order for my child to participate in the preschool program he or she will be screened at school within the first 60 days.

Parent Signature: _____ **Date** _____

BY SIGNING I AM AUTHORIZING ALL INFORMATION ON THIS PAGE IS CORRECT TO THE BEST OF MY KNOWLEDGE

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PARENT INTERVIEW

Name of Child: _____ Date: _____

Are you working with any other community service that you would like us to know about? List agencies. _____

ACTIVITIES

What does your child like to play with at home?

Does your child play with friends outside the home other than school?

Does your child participate in outings such as shopping, visiting relatives, etc.?

Describe the way in which you handle behavior problems?

Is there anything else that you would like us to know about your child? _____

List all school aged siblings/step-siblings who live at home with the child for whom this form is being completed

| First Name | Last Name | M.I. | Gender | Age | Birth Date | Legal Guardian |
|------------|-----------|------|--------|-----|------------|----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

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2021 Federal Poverty Guidelines

Purpose: The Educational Service Center of the Western Reserve is required by the Ohio Department of Education (ODE) to report income levels for families of ALL preschool students enrolled in an ODE licensed preschool program. Please review the 2020 Poverty Guidelines Published by the US Department of Health and Human Services.

You may choose to: Provide your annual household income or you may refuse to answer by checking the specified area below**

United States Department of Health and Human Services 2022 Federal Poverty Guidelines

Please check the box that represents the appropriate family size unit and income level for your household and then sign and date below. Please note these are annual incomes.

| Size of Family Unit | 100% Poverty Level | 101% - 125% Poverty Level | 126% - 150% Poverty Level | 151% - 175% Poverty Level | 176% - 200% Poverty Level | Above 200% Poverty Level |
|---------------------|--|---|---|---|---|---|
| 1 | 0-\$13,590 <input type="checkbox"/> | \$13,591-\$16,988 <input type="checkbox"/> | \$16,989-\$20,385 <input type="checkbox"/> | \$20,386-\$23,783 <input type="checkbox"/> | \$23,784-\$27,180 <input type="checkbox"/> | <input type="checkbox"/> Check if your Household Brings in more than the amount in The 200% Column |
| 2 | 0-\$18,310 <input type="checkbox"/> | \$18,311-\$22,888 <input type="checkbox"/> | \$22,889-\$27,465 <input type="checkbox"/> | \$27,466-\$32,043 <input type="checkbox"/> | \$32,044-\$36,620 <input type="checkbox"/> | |
| 3 | 0-\$23,030 <input type="checkbox"/> | \$23,031-\$28,788 <input type="checkbox"/> | \$28,789-\$34,545 <input type="checkbox"/> | \$34,546-\$40,303 <input type="checkbox"/> | \$40,304-\$46,060 <input type="checkbox"/> | |
| 4 | 0-\$27,750 <input type="checkbox"/> | \$27,751-\$34,688 <input type="checkbox"/> | \$34,689-\$41,625 <input type="checkbox"/> | \$41,626-\$48,563 <input type="checkbox"/> | \$48,564-\$55,500 <input type="checkbox"/> | |
| 5 | 0-\$32,470 <input type="checkbox"/> | \$32,471-\$40,588 <input type="checkbox"/> | \$40,589-\$48,705 <input type="checkbox"/> | \$48,706-\$56,823 <input type="checkbox"/> | \$56,824-\$64,940 <input type="checkbox"/> | |
| 6 | 0-\$37,190 <input type="checkbox"/> | \$37,191-\$46,488 <input type="checkbox"/> | \$46,489-\$55,785 <input type="checkbox"/> | \$55,786-\$65,083 <input type="checkbox"/> | \$65,084-\$74,380 <input type="checkbox"/> | |
| 7 | 0-\$41,910 <input type="checkbox"/> | \$41,911-\$52,388 <input type="checkbox"/> | \$52,389-\$62,865 <input type="checkbox"/> | \$62,866-\$73,343 <input type="checkbox"/> | \$73,344-\$83,820 <input type="checkbox"/> | |
| 8 | 0-\$46,630 <input type="checkbox"/> | \$46,631-\$58,288 <input type="checkbox"/> | \$58,289-\$69,945 <input type="checkbox"/> | \$69,946-\$81,603 <input type="checkbox"/> | \$81,604-\$93,260 <input type="checkbox"/> | |

* Annual Family Income

_____ **Refuse to Answer**

Parent/Guardian Signature _____

Date: _____

Updated on 2/2022

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Educational Service Center of the Western Reserve Preschool Handbook

I have received and read all of the information contained in the ESC of the Western Reserve Preschool Handbook. I understand the rights and responsibilities pertaining to students, agree to support, and abide by the rules, guidelines, procedures, and policies contained within the handbook.

If I have any questions regarding information contained within the handbook, I understand that I can contact the Educational Service Center of the Western Reserve for more information.

**The handbook is available online at: <https://www.escwr.org/PreschoolEarlyChildhood.aspx>

_____ I downloaded/have access to the handbook online or I have received a copy of the handbook I
_____ do not have access to the handbook online and request a paper copy.

By signing below, I certify all the information in this Educational Service Center of the Western Reserve preschool enrollment packet is true and correct to the best of my knowledge.

X _____
Parent/Guardian Signature Date

By signing below, I agree that if my child is not on and Individualized Education Program (IEP), I am responsible for paying preschool tuition. (Tuition information will be sent to families at the beginning of the school year)

X _____
Parent/Guardian Signature Date

Education Rights of Homeless Students- McKinney-Vento Act

The McKinney-Vento Homeless Assistance Act is the primary federal (U.S.) law dealing with the education of children and youth in homeless situations. The McKinney-Vento Act focuses on maintaining school stability, school access, and providing support for academic success for homeless children. For more information, please contact your district of residence's homeless liaison for assistance.

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Child Medical Statement

8221 Auburn Road Painesville, Ohio 44077

Office Number: 440.350.2563 ext. 734

Fax Number: 440.352.6066 (attention: Amy Dawson)

Email: Adawson@escwr.org

This document is to be completed by the Child's Physician, Physician's Assistant, or Advanced Practice Nurse

Child's Name: _____

Date of Birth: _____ **Height:** _____ **Weight:** _____ **Sex:** _____ **Male** _____ **Female**

Limitations or Health conditions including allergies, medications, dietary restrictions etc.

| Immunizations | Please Circle One | |
|---------------------------|----------------------|-----------------|
| | Complete for Age | Yes |
| In Progress | Yes | No |
| Exempt from Immunizations | Religious Conviction | Health Concerns |

Please attach a copy of the child's most recent immunization record to this document.

| | |
|--|-------------------------|
| *This child has been examined and is in suitable condition to participate in the preschool program* | |
| Physician, Physician's Assistant, or Advanced Practice Nurse (circle one) | Date of the Exam |
| Address: | |
| Phone: | |
| Signature of Examiner: _____ | |

| Required Assessment/Screenings for all students attending the ESC of the Western Reserve Preschool Program | | | | | |
|--|----------------------------------|----|----------------|---------|-----------------------|
| Assessment/Screening | Completed (please circle one) | | Date Completed | Results | Reasons Not Completed |
| Vision | Yes | No | | | |
| Hearing | Yes | No | | | |
| Dental | Yes | No | | | |
| Lead Screening | Yes | No | | | |
| Hematocrit or Hemoglobin | Yes | No | | | |