

Office use only
Start date _____
Paid _____

MADISON LOCAL SCHOOL DISTRICT PRE-K PROGRAM 2021-2022

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

Complete Mailing Address: _____

Email Address: _____

Primary Phone: _____ Secondary Phone: _____

Communication Preferences (Check all that apply) Email Text Phone

District of Residency: Madison Geneva Perry Other _____

Who has legal custody of above named child? (Parent/Guardian Full 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

____ 8:30-11:00 a.m. M - F

____ 8:30-11:00 a.m. M - F

****Must be 4 by September 30, 2021****

4 Day Program

____ 8:30 - 11:00 a.m. M - Th

____ 12:30 - 3:00 p.m. M - Th

____ Non-Resident

Tuition
\$140/month

GRANT PROGRAM
(Those who qualify for free or reduced tuition please see the office.)

\$110/month

\$110/month

add \$5.00/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

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:
--------------------------------	----------------	--------------------------

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:
------------------------------	-------

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

Student Name _____

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

Pick-Up Information (These persons will be placed on your child's book bag tag.)

Parent/Guardian: _____

Parent/Guardian: _____

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 _____

Name _____ Phone _____ Cell _____

Street Address, City, State, Zip Code _____

Getting To Know Your Child

Help me learn all I need to know to help your child
have an enjoyable and successful year.

Your Child's Name: _____

What does your child prefer to be called: _____

Your child's favorite things

Color: _____

Books: _____

Toys: _____

Other favorite things: _____

Your child enjoys (circle all that apply):

Listening to stories

Drawing and coloring

Playing alone

Playing with other children

Playing outside

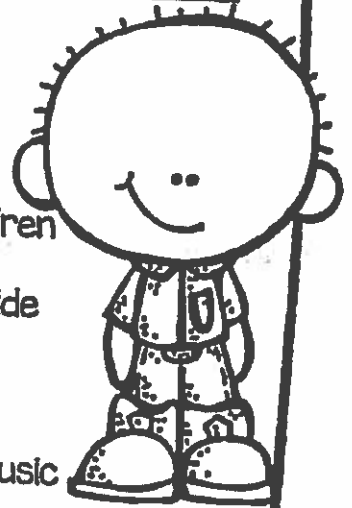
Playing quiet games inside

Going to a friend's house

Playing make-believe

Getting dirty

Listening and making music



What are some things your child does NOT enjoy?

What are some things you would like me to know about your child?

Your child learns best by: _____

Did your child attend preschool: YES NO

If yes, what preschool did they attend? _____

Are there things you would like me to know about your family? (i.e. culture, activities your family enjoys doing together ...)

Are there any holidays that your family does not celebrate?

How many children are living in your home, and what are their names and ages?

What are your hopes for your child this year?

Thank you for introducing me to your child. With your help, I know this is going to be a wonderful year!

Parent Permission

Madison Pre-K

To: Madison Pre-K Parent

From: Jovette Hiltunen

Re: Required Screenings

Your Child's Name _____ Teacher _____

The State Of Ohio requires that all state funded preschool programs provide specific screenings. These screenings include: a vision screening, a hearing screening, a developmental screening and a social emotional screening. The information provided from these screenings helps the teachers understand where your child is in his or her overall development and gives them insight on how they can promote your child's developmental growth.

Though these screenings are mandated by the State of Ohio, a parent has the right to choose whether or not they want their child to participate.

Please indicate your permission or refusal below:

____ I grant permission for my child to participate in the following screenings:

____ Vision Screening

____ Hearing Screening

____ Developmental Screening

____ Speech and Language

____ Social Emotional Screening ASQ/SE

____ I do not grant permission for my child to participate in the following screenings:

____ Vision Screening

____ Hearing Screening

____ Developmental Screening

____ Social Emotional Screening ASQ/SE

____ Speech and Language

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 _____

Appendix A: 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?
 Yes 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? Yes 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: *(mm/dd/yyyy)* _____

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/alternatives.html>



Dear Parents,

As part of our service to you, we would like to give you the opportunity to fill out our Family Needs Survey. By doing this, we hope to assist you in locating a program or service that can address a particular need for you or your family. Please call me at 428-5111 if you have any questions.

Sincerely,
Jovette Hiltunen
Pre-K Director

**Madison Local School District Pre-K Program
FAMILY NEEDS SURVEY**

Child's Full Name _____
Address _____

Mother's Name _____
Father's Name _____ or
Guardian's Name _____

Are you a 1st, 2nd, 3rd year pre-k parent? (Circle one)

Education:

Would you like more information on any of the following? (Please check)

- High school diploma / GED
- Vocational programs
- College
- Financial Counseling
- Parenting issues (please be specific) _____

Housing:

Would you like more information on any of the following? (Please check)

- Tenant's rights and landlord's responsibilities
- Fuel assistance program
- Other _____

Emergency / Immediate Needs:

- Food
- Clothing
- Furniture
- Lead Screening
- Domestic Violence / Shelter Information
- Counseling / Mental Health Services
- Medical Services
- Hospice information
- Lake Tran Services

Support Groups:

- Alcoholics Anonymous
- Over-Eaters Anonymous
- Parents Anonymous
- Grief Counseling
- Narcotics Anonymous
- Gamblers Anonymous
- Divorce Recovery

(Over)

Social Services:

- WIC (Women, Infants & Children)
- Food Stamps
- Taxes

Please specify any other needs not listed above. _____

Signature of person completing form

Date

Classroom # / Teacher



FOR OFFICE USE ONLY

Referred to:

Referral Date:

Follow-up:

Staff Member:



To: Pre-K Parent's/Guardians

From: Jovette Hiltunen

Date: August 15, 2020

RE: Federal Poverty Guidelines

We are required by the Ohio Department of Education to report poverty levels for all ~~students enrolled in our preschool program. Following are the 2020 Poverty Guidelines~~ published by the U.S. Department of Health and Human Services.

Please provide your child's name and circle the appropriate income level for your household. We request that you return the form to the office by August 15, 2020. Your information will be kept confidential.

If you have any questions regarding this requirement, please feel free to stop by the office or contact me at (440) 428-5111.

Student Name(s): _____
Room Number: _____

United States Department of Health and Human Services
2020 Federal Poverty Guidelines*

Size of Family Unit	100% Poverty Level	125% Poverty Level	150% Poverty Level	175% Poverty Level	185% Poverty Level	200% Poverty Level
2	\$17,240	\$21,550	\$25,860	\$30,170	\$31,894	\$34,480
3	\$21,720	\$27,150	\$32,580	\$38,010	\$40,182	\$43,440
4	\$26,200	\$32,750	\$39,300	\$45,850	\$48,470	\$52,400
5	\$30,680	\$38,350	\$46,020	\$53,690	\$56,758	\$61,360
6	\$35,160	\$43,950	\$52,740	\$61,530	\$65,046	\$70,320
7	\$39,640	\$49,550	\$59,460	\$69,370	\$73,334	\$79,280
8	\$44,120	\$55,150	\$66,180	\$77,210	\$81,622	\$88,240

*Annual Family Income

_____ Refuse to Answer

Parent/Guardian Signature _____ Date _____