

ONLINE Registration Instructions FOR PARENTS WITH NEW STUDENTS

****YOUR STUDENT MUST BE 5 YEARS OLD BY SEPTEMBER 30, 2020
TO BE ELIGIBLE FOR KINDERGARTEN REGISTRATION****

EXISTING FAMILIES ENROLLING A NEW STUDENT – If you currently have an existing student within the Madison Local Schools please log into the PARENT PORTA

Step 1: Log in to parent portal

Step 2: Select MORE from left hand side of screen

Step 3: Select EMA ATHLETICS in the middle of screen

Step 4: Choose click here to go to existing student registration

Step 5: Choose registration year 19-20

Step 6: Update current student(s) information and then add new student you want to register

Please note that online registration cannot be completed on a phone or an iPad. You will need to use a laptop or a desktop.

FOR FAMILIES ENROLLING IN MADISON FOR THE FIRST TIME

The Madison Local School District registration is done through an On-line Registration system in Infinite Campus. The Parent/Guardian can now complete their Registration forms online and sign electronically. In order to access the New Student Registration kiosk:

Step 1: Only the Parent/Guardian can complete a New Student Registration

Step 2: Log in to www.madisonschools.net

Step 3: Click on the blue Student Registration link located on the left side of screen

Step 4: Click on blue ONLINE REGISTRATION located in the middle of the screen

Step 5: Click on Start New Registration

Step 6: Follow the screens until the registration is complete

Step 7: On the last page you will electronically sign, date and click on the red submit button



WELCOME TO PRE-K!

2020-2021 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-including online registration.
3. birth certificate (Original)
4. current immunizations
5. custody papers (if applicable)
6. income verification for the Grant Program (2019 tax return or Ohio Direction Card)
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, unless your child's special needs are a factor.
- Transportation is not provided, unless indicated on an IEP.
- **ALL** students are required to pay a **\$20.00 program fee, due when registering** (except those in the Grant Program).

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 2020-2021

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, 2020****

Tuition

\$140/month

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

4 Day Program

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

\$110/month

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

\$110/month

_____ Non-Resident

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:
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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:

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 _____