

REGISTRATION INSTRUCTIONS

2022-2023 School Year

Attached is your child's Pre-K Registration Packet for the 2022-2023 school year. Please **carefully** read over the instructions below. If you have any questions, please call the Pre-K office 428-5111 or stop in the office.

How to register:

1. Complete all paper registration forms and sign where indicated. Classes fill quickly!
2. Complete the online registration. **This will be a new student registration. Please see the Online Registration Instructions paper included in this packet. The registration is done in the 2022-2023 school year.**
****If you select the wrong year you will be notified to complete a new online registration in the correct year. This cannot be changed by registrar.**
3. Please include the following items with your registration forms:
 - ✓ The 1st month tuition and a \$20.00 program fee are due at the time of registration. These payments must be made in the office with cash or check. **(Payments are non-refundable.)**
 - ✓ Birth Certificate (Original)
 - ✓ Proof of Residency (utility bills-i.e. gas, electric, water) or rental agreement/purchase agreement.
 - ✓ Custody Documents if there are any.
 - ✓ Grant Program: Proof of Income (prior year tax return) or Ohio Direction Card. Tuition is based on a sliding scale. Students must be 4 by September 30, 2022.
 - ✓ A Physical and Immunization records
 - ✓ Parent photo ID
4. **Note:** We are unable to guarantee specific teachers or AM/PM.



To complete Online Registration for Madison Pre-K 2022-2023 please see steps below:

Step 1: Log into www.madisonschools.net

Step 2: Click on registration.

Step 3: Click on Pre-k registration instructions.

Step 4: You will be doing a new student registration in the 2022-2023 school year.



PRE-K

1956 Redbird Road
Madison, OH
440-428-5111

Thank you for choosing us for your child's first education. We know you will be happy with the choice. Our program services 3, 4, and 5 year olds and we have 4 or 5 half day classes. Please note that due to changes in the preschool regulations, we have made some changes to be compliant with the laws.

FIRST MONTH'S TUITION IS NON-REFUNDABLE - we staff our classrooms based on enrollment.

We Must Receive your first month's tuition, a current physical with immunizations, birth certificate, any custody papers (if applicable), parent photo ID, and proof of residency (only utility bills (gas, electric or water), or rental agreement/purchase agreement/construction agreement will suffice.

IMPORTANT NOTES:

A **CURRENT** physical form signed by a physician must be on file before your child can attend Pre-K classes. Physicals must be updated during the year by the expiration date or we will have to exempt your child from class until received.

GRANT PROGRAM:

Income Verification: 2021 tax return or Ohio Direction CardThe grant program is available to any child who is four or turns four by September 30, 2022. We have 32 allocated spaces and you must complete all paperwork in order to have a space in the program. There is a required income survey sheet you must complete prior to starting school.

POTTY TRAINING:

Your child must be **COMPLETELY** potty trained by the start of school. Exceptions are made for students whose needs require it but on an individual basis. There is **NO REFUND** if you do not start your child on time due to not being potty trained.

Office use only
Start date _____
Paid _____

MADISON LOCAL SCHOOL DISTRICT PRE-K PROGRAM 2022-2023

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, please attach papers

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, 2022****

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 Fee

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:
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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.

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: _____ Phone _____

Parent/Guardian: _____ Phone _____

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 _____