

Crestline Preschool



Crestline Preschool

435 Oldfield Road
Crestline, OH 44827
(419) 683-3647 Ext. 46410
Beverly Payne, Preschool Secretary
Julie Murphy-Theodore, Director

Welcome,

Enclosed you will find the information necessary to register your child in the Crestline Preschool program. Please read it carefully and contact me if you have any questions. The following is a list of what we will need to process your child's application:

1. White Enrollment Forms
2. Copy of Birth Certificate
3. Social Security Number
4. Immunization Record
5. Health Form
6. Application for Free/Reduced Tuition
7. Custody Papers (if applicable)
8. Registration Fee of \$20.00
9. Physical Form (**signed and dated by the doctor within 30 days of registration**)
 - a. We also need the lead count and hemoglobin results
10. Dental Form (**signed and dated by the doctor within 30 days of registration**)

11. THESE FORMS ARE DUE *BEFORE* YOUR CHILD STARTS SCHOOL

Sincerely,

Beverly Payne,
Secretary
Preschool Coordinator

Crestline Preschool

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Child Information

Child's Legal Name

Last First Middle

Name you wish your child to be called _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Number _____

Sex of Child: Male Female

Date of Birth _____ Place of Birth _____

Mother's Maiden Name _____

Child's Social Security Number _____

Does your child have a disability or a special Need? Yes No

If yes, please explain _____

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Parent Information

Mother's Name _____ Father's Name _____

Mother's Maiden Name _____

Mother's Address _____ Father's Address _____

City _____ State _____ City _____ State _____

Zip Code _____ Zip Code _____

Home Phone _____ Home Phone _____

Custody Information

Do you have legal custody of your child? Yes No

Who does your child reside with? _____

Are you legally married? Yes No

Are you legally separated? Yes No

Are you legally divorced? Yes No

Emergency Numbers

Emergency Contact Name _____ Phone _____

Emergency Contact Name _____ Phone _____

Release Information

The following people are authorized to pick up my child from Preschool.

1. _____ 2. _____

3. _____ 4. _____

Signature of Legal Guardian _____ Date _____



Crestline Exempted Village School District Ethnicity Form



(Federal Government Requirement)

We are requesting for each participant to 'Self Identify' and provide this information, however it is optional to Self-Identify. If you choose not to Self-Identify, then please be aware that the district will need to make a judgment of your child's race and ethnicity because the U.S. Department of Education requires them to do so. This ethnic and racial information will remain confidential and on file for 3 years and will only be accessible to authorized personnel.

Student's Name: _____

Grade: _____

Please answer **BOTH** part A and B.

Part A. **Is this student Hispanic/Latino?** *(Choose only one)*

- No, not Hispanic/ Latino**
- Yes, Hispanic/ Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's (or your) race to be.

Part B. **What is the student's race?** *(Choose one or more)*

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

_____ I choose not to answer one or more of the above categories. I understand the school district will choose the category that best applies based on visual identification.

Parent/Guardian Signature: _____

Date: _____

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HEALTH FORM *(to be completed by Parent)*

Name of Child: _____ **Date of Birth:** _____ **Gender: M / F**

Pregnancy Birth History	Yes	No	Explain "yes"
1. Did mother have any health problems during this pregnancy or delivery?			
2. Did mother visit physician fewer than two times during pregnancy?			
3. Was the child born outside of a hospital?			
4. Was the child born more than 3 weeks early or late?			
5. What was the child's birth weight?			
6. Was anything wrong with child at birth?			
7. Was anything wrong with child in nursery?			
8. Did child or mother stay in hospital for medical reasons longer than usual?			
9. Has child been hospitalized or had surgery?			
10. Has child had a serious accident (broken bone, head injuries, burns, poison)?			
11. Has child had a serious illness?			
12. Does child have frequent sore throat, __cough, urinary infections or trouble urinating, __stomach pain, __vomiting, __diarrhea?			
13. Does child have difficulty seeing?			
14. Does child wear glasses?			
15. Does child have problems with ears/ hearing?			
16. Has child ever had convulsions or seizures? Is child taking medication for these?			When? What medicine
17. Is child taking medication now?			
18. Is child currently being seen by a dentist?			Dentist's Name
19. Do you have a doctor for your child?			Doctor's Name
20. Has your child had __boils, __Chicken pox, __eczema, __German measles, __Whooping cough, __Hives, __polio, __asthma, __bleeding tendencies, __epilepsy, __liver disease, __rheumatic fever, __sickle cell disease?			
21. Does your child have any allergy problems? a. When eating any foods? b. When taking any medication? When near animals, fur, insects, dust?			
c. 22. Do any of the mentioned conditions get in the way of your child's daily activities?			
23. Is your child potty trained? Are there occasional accidents?			
24. Do you have any concerns about your child in the following areas of development? Speech Motor Skills – running, jumping, writing Social – way child interacts with others Behavior or Emotional			

Parent Name _____

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DENTAL REPORT

To be completed by student's dentist.

Today's Date _____

Name of Child _____

Date of Birth _____ School _____ Grade _____

The following services have been performed (please check all that apply):

____ X-rays

____ Oral prophylaxis

____ Fluoride treatment

____ Restorations

The following statements are applicable:

____ All necessary services have been performed.

____ No restorative services are required at this time.

____ Further treatment is indicated.

____ Future appointments have been arranged.

Additional Comments:

Signature of Dentist

Date

Printed Name of Dentist

Date

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CHILD'S MEDICAL STATEMENT

To be completed by student's doctor.

Today's Date _____ Child's Name _____

Date of Birth _____ Height _____ Weight _____

Limitations or health condition (including allergies, medications, dietary restrictions)

Immunizations: Please check one

Complete for age Yes No

In process Yes No

Exempt from Immunizations: Please check one

Religious Conviction Yes No

Health Concern Yes No

Other _____

This child has been examined and is in suitable condition to participate in group care:

Signature of examining (check one) Physician Physician's Assistant or Advanced Practice Nurse

Address _____

Phone: _____ Date of exam _____

<i>Required for children enrolled in an Early Childhood Education Grant Program or Preschool Special Education Program</i>			Reason not completed (Check which applies)	
Assessments/ Screenings	Completed Please check one Yes No	Date Completed	Examples: religious conviction, insurance coverage, other	Health professional decision
Vision				
Hearing				
Dental				
Lead				
Hemoglobin				

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Child's Name _____ Date _____

Parent/Guardian name (print) _____

This is to acknowledge that I have received the preschool handbook that has been approved for the school year.

Signature _____

This gives permission for my child to have their photograph appear in the newspaper/Facebook page representing Crestline Schools.

Signature _____

My child _____ has permission to use the internet at school for educational purposes only.

Signature _____

	BIRTH CERTIFICATE		IMMUNIZATION RECORD		SUPPLY LIST
	ENROLLMENT FORM		CUSTODY PAPERS		HANDBOOK
	SOCIAL SECURITY		EMERGENCY MEDICAL		RECORD RELEASE
	HEALTH INFO		ETHNIC FORM		LUNCH INFO
	DENTAL FORM		MEDICAL FORM		BUS INFO