



ENROLLMENT APPLICATION
MUSKINGUM VALLEY PRESCHOOL PROGRAMS

205 North Seventh Street, 3rd Floor, Zanesville, Ohio 43701
Phone (740) 452-4518 Fax (740) 455-6702

To have your child placed on a current waiting list, copies of the following verifications must be submitted with this application:

- 1. Proof of income (4 most recent pay-stub, previous year's income tax, or statement from caseworker/SSI)
2. Proof of Residency (deed, rental agreement, tax statement, utility bill, building permit, voter registration card)
3. Child's Birth Certificate (cannot accept birth/hospital record)
4. Child's Current Immunization Record
5. Custody Papers, if applicable

Child's Name:
First \_\_\_\_\_ D.O.B. \_\_\_\_\_
Middle \_\_\_\_\_ Age \_\_\_\_\_
Last \_\_\_\_\_ Birth City \_\_\_\_\_

Race: [ ] White [ ] Black/Non-Hispanic [ ] Multiracial (check all that apply) [ ] Hispanic [ ] Asian [ ] American Indian/Alaskan Native
Gender: [ ] Male [ ] Female (race/gender for statistical purposes only)

Address \_\_\_\_\_
Street or PO Box City Zip
Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ County \_\_\_\_\_

What School District do you live in? [ ] East M [ ] West M [ ] Tri Valley [ ] Franklin [ ] Newcomerstown [ ] Other \_\_\_\_\_

Based on your address, what elementary school is your child to attend? \_\_\_\_\_
\*Preschool district open enrollement and in district intra enrollment is not an option at this time. Please report the school district and eleemtry school your child would be required to attend in kindergarten.

Child lives with: Mother [ ] Yes [ ] No (Please DO NOT fill in if the child DOES NOT live with biological mother)

Mother's Name \_\_\_\_\_ Is Mother employed? [ ] Yes [ ] No
Birth Date \_\_\_\_\_ Employer \_\_\_\_\_
(Maiden Name) \_\_\_\_\_ Number of hours worked each week \_\_\_\_\_
Total Monthly (gross) Income \_\_\_\_\_
Is mother currently enrolled in school? [ ] Yes [ ] No

Child lives with: Father [ ] Yes [ ] No (Please DO NOT fill in if the child DOES NOT live with biological father)

Father's Name \_\_\_\_\_ Is Father employed? [ ] Yes [ ] No
Birth Date \_\_\_\_\_ Employer \_\_\_\_\_
Number of hours worked each week \_\_\_\_\_
Is father currently enrolled in school? [ ] Yes [ ] No Total Monthly (gross) Income \_\_\_\_\_

Other Income Sources: SSI, OWF, Child Support, etc.
\_\_\_\_\_ Monthly Amount \_\_\_\_\_
\_\_\_\_\_ Monthly Amount \_\_\_\_\_
\_\_\_\_\_ Monthly Amount \_\_\_\_\_

If child does not live with biological parent, who is the legal guardian?
Name \_\_\_\_\_ Relation to child \_\_\_\_\_ Birth Date \_\_\_\_\_

Other children and/or adults living in the home (*not previously listed*)

Name	Birth Date	Relationship to Enrolled Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about our program? \_\_\_\_\_

Describe briefly why you're interested in enrolling your child in preschool? (Having no children to interact with, being an only child, having no previous preschool experience, etc.)

Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have there been any major changes in your child's life? (Death in the family, parent job change, divorce, new baby, remarriage, etc.)  Yes  No

If yes; please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child **fully** potty-trained?  Yes  No

If other than English, what is the primary language spoken in your home? \_\_\_\_\_

Do you or your child's doctor have any concerns about your child's ability to... <input type="checkbox"/> Speak understandably <input type="checkbox"/> Use complete sentences <input type="checkbox"/> Answer simple questions <input type="checkbox"/> Hold a pencil <input type="checkbox"/> Walk up stairs <input type="checkbox"/> Run <input type="checkbox"/> Other _____
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Does your child have a diagnosed disability or current IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No  For _____ _____  Has your child ever received any services for their disability? If so where? _____ _____ _____
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To the best of my knowledge, all the information given on this form is correct. Incorrect information could lead to the dismissal of my child from the program. I understand participation in the program is voluntary.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_