



**MVESC Little Farmers Academy
ENROLLMENT APPLICATION**

1592 Fairview Rd., Zanesville, Ohio 43701
Phone: (740) 452-0101

Child's Name:

First _____

D.O.B. _____

Middle _____

Age _____

Last _____

Birth City _____

Race: White Black/Non-Hispanic Multiracial Hispanic Asian American Indian/Alaskan Native

Gender: Male Female

Address _____
Street or PO Box _____ City _____ Zip _____

Phone _____ Email _____ County _____

Child lives with: Mother Yes No

Mother's Name _____

Is Mother employed? Yes No

Birth Date _____

Employer _____

(Mother's Maiden Name) _____

Child lives with: Father Yes No

Father's Name _____

Is Father employed? Yes No

Birth Date _____

Employer _____

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 _____

*** PLEASE TURN OVER TO CONTINUE***

Requested schedule:

Complete drop off and pick up time for requested days.

Leave blank or X for days care is not requested.

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off time					
Pick up time					
Before/after school only					

Care needs during inclement weather:

Will your child need care if there is a **Level 2** snow emergency? Yes No

If yes, please list any changes in schedule that will be needed: _____

Will your child need care if there is a **Level 3** snow emergency? Yes No

If yes, please list any changes in schedule that will be needed: _____

Is your child **fully** potty-trained? Yes No If no, does your child wear: diapers pull-ups

Infants only, please indicate which developmental stages he/she is currently at:

sitting supported sitting unsupported
 crawling standing with assistance standing without assistance
 walking with assistance walking without assistance

Additional Notes: _____

Do you have any concerns or notice any possible delays in your child's development? Yes No

If yes, please explain: _____

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

How did you hear about our program? _____

To enroll or be placed on a waiting list, copies of the following verifications must be submitted with this application:

1. **Child's Birth Certificate** (cannot accept birth/hospital record)
2. **Child's Current Immunization Record**
3. **Custody Papers**, if applicable

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 _____

Return to:

MVESCA Little Farmers Academy

1592 Fairview Rd.

Zanesville, OH 43701

Email: Teresa Kocher at teresa.kocher@mvesc.org