



PRESCHOOL PARTNER ENROLLMENT APPLICATION

Please complete the following application for enrollment as a preschool partner in our preschool special education classrooms. Preschool partners serve as typical peer role models for students receiving special education services. Effective partners demonstrate strong communication and social skills. All our classrooms are licensed by the Ohio Department of Children and Youth and offer a curriculum that supports the Early Learning and Development Standards.

Classes meet 4 full days per week (Tuesday – Friday) following the building/district calendar.

Tuition: \$225.00 monthly. Tuition assistance may be available for families with limited household incomes. Please inquire.

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 (race/gender for statistical purposes only)

Address _____

Street or PO Box

City

Zip

County _____ School District of Residence? _____

Child lives with: Mother and Father Mother Only Father Only Joint Custody Other

Mother's Name _____ Is Mother employed? Yes No
Birth Date _____ Employer _____
(Maiden name) _____ Is mother currently enrolled in school? Yes No
Cell Phone _____ Email _____

Father's Name _____ Is Father employed? Yes No
Birth Date _____ Employer _____
Is father currently enrolled in school? Yes No
Cell Phone _____ Email _____

If child does not live with mother or father, who is the legal guardian?

Name _____ Relation to child _____ Birth Date _____

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

Table with 3 columns: Name, Birth Date, Relationship to Enrolled Child. Includes four rows of blank lines for entry.

How did you hear about our program? _____

Describe briefly why you are interested in enrolling your child in preschool:

Have there been any major changes in your child's life? (Parent job change, divorce, new baby, remarriage, family moved, death in the family, 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...

Speak understandably

Use complete sentences

Answer simple questions

Hold a pencil

Walk up stairs

Run

Other _____

Does your child have a diagnosed disability or current IEP? Yes No

For _____

Has your child ever received any services for their disability? If so where?

To have your child placed on a current consideration 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. **Proof of Residency** (i.e., utility bill, rental receipt, rental agreement, tax statement, building permit)
4. **Proof of income** (i.e., Most recent 30 days paystubs, 1040, W-2, SSI, OWF)
5. **Custody Papers**, if applicable

Each application will be processed using our selection criteria for enrollment. You will be notified if your child has been added to the roster for enrollment, has been added to the waiting list, or if further information is needed for processing.

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 _____

Please submit your completed application and copies of all required documents using one of the following methods:

Mail or Drop-Off:
Muskingum Valley ESC
205 N. 7th Street
Zanesville, OH 43701

Email:
mvpreschool@mvesc.org

Phone (for questions):
740-452-4518

** Please ensure all documents are included to avoid processing delays. **