



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 data entry.

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

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

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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

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**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 - Preschool  
205 N. 7th Street  
Zanesville, OH 43701

**Email:**  
[mvpreschool@mvesc.org](mailto:mvpreschool@mvesc.org)  
Subject: Preschool Application –  
Student's Name

**Phone (for questions):**  
740-452-4518

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