



EAST MUSKINGUM PRESCHOOL ENROLLMENT FORM

Please complete the following application for enrollment.

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



Indicate your preference (1st, 2nd, or if either schedule works, select "Either") \_\_\_AM \_\_\_PM \_\_\_Either

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

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) \_\_\_\_\_
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Is Father employed? [ ] Yes [ ] No
Birth Date \_\_\_\_\_ Employer \_\_\_\_\_
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

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 <b>concerns</b> 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 _____

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?
_____
_____
_____

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. \*\*

