



WEST 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") ___ Mon./Tues. ___ Thurs./Fri. ___ 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, Birth Date, (Maiden name), Cell Phone, Is Mother employed?, Employer, Email

Father's Name, Birth Date, Cell Phone, Is Father employed?, Employer, 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:

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?

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
Subject: Preschool Application – Student's name

Phone (for questions):
740-452-4518

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

