



**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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Date _____	Employer _____
(Mother's Maiden Name) _____	

Child lives with: Father  Yes  No

Father's Name _____	Is Father employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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 when day care is not requested.

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

If enrolled, what would be your anticipated start date: \_\_\_\_\_

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:

MVESC Little Farmers Academy

1592 Fairview Rd.

Zanesville, OH 43701

Email: Teresa Kocher at [teresa.kocher@mvesc.org](mailto:teresa.kocher@mvesc.org)