

# ESC of the Western Reserve Preschool

2020-2021 School Year

8221 Auburn Road Painesville, Ohio 44077

[www.escwr.org](http://www.escwr.org)

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Welcome to the Education Service Center of the Western Reserve Preschool Program! We are excited for your child to join our preschool program!!

Please complete the following paperwork in order to ensure proper enrollment. You will receive classroom specific information about your child's teacher such as the supply list, a calendar of events, and any other classroom specific information over summer vacation.

It is very important that we have up-to-date contact information and immunization/medical information. If you have any changes after your enrollment packet has been submitted, please contact your child's teacher.

## **Additional Records Required:**

- **Parent ID** (copy of the original)
- **Birth Certificate** (copy of the original)
- **Custody Papers** (if applicable)
- **Immunization Record** (A record of your child's immunizations MUST be in by the first day of school and must be current.)
- **Medical Statement** (*You have 30 days from your child's start date to get the physical.* A current physical on file must be less than one year old. We MUST have a new physical one day prior to the expiration date) The medical statement paper is included in this packet and must be completed by your child's physician. Please detach the last page of this enrollment packet and deliver to your child's physician.

## **Additional Records Required for Lake County:**

- **Proof of Residency** (1 Proof for Fairport Preschool and 2 Proofs for Perry Preschool)  
**Acceptable forms** – Gas, Electric or Water Bill, Rental Agreement/ Purchase Agreement/Construction Agreement, Notarized Letter from Homeowner.

You can mail or drop off the completed enrollment paperwork to:

ESC of the Western Reserve Preschool

Attn: Amy Palker

8221 Auburn Road

Painesville, Ohio 44077

If you have any questions, please do not hesitate to contact Amy Palker Administrative Assistant at 440.350.2563 ext: 734 or at [apalker@escwr.org](mailto:apalker@escwr.org)

Thank you,

Denise DiMatteo

Denise DiMatteo

Early Childhood Coordinator

[ddimatteo@escwr.org](mailto:ddimatteo@escwr.org)

Rev. 2/2020



# ESC of the Western Reserve Preschool Program

Please select preschool:

**Lake County:**  Perry  Fairport

**Geauga County:**  Jordak  Ledgemont  Metzenbaum Center  Twinkle

## ENROLLMENT FORM

**Date:** \_\_\_\_\_ **School Year:** \_\_\_\_\_ **Full Day:** \_\_\_\_\_ **Half Day:** \_\_\_\_\_ **AM** \_\_\_\_\_ **PM**

\*Please mark your preference in numerical order; preference will be considered based on availability  
(For half day session: Fairport and Ledgemont only offer PM)

Student Information					
Last Name	First Name	Middle Name	Date of Birth	Gender	Birth City

**Student lives with:**       Both parents (same residence)     Both parents (shared custody)  
 Biological Mother     Biological Father     Relative/Guardian     Court Placement     Other \_\_\_\_\_

Residential Parent / Guardian Information	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other
Name: _____	Name: _____
Address: _____	
City: _____	State: _____ Zip: _____
Home Phone: _____	
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

**District of Residence:** \_\_\_\_\_

Non-Residential Parent Information – if Applicable	
Select Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father	
Name: _____	Home Phone: _____
Address: _____	Work Phone: _____
Email: _____	Cell Phone: _____

**Student ethnic background** (If a selection is not marked, the child will be classified as Multi-Racial)

Is student Hispanic/Latino? Yes  No       Please further indicate student’s ethnicity by selecting **ALL** that apply:

- American Indian-Alaskan Native     Asian     Black/African American  
 White     Native Hawaiian/Pacific Islander    (Multiracial- choose all that apply)

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## HEALTH RECORD

Rule 3301-37-05 of the Administrative Code requires preschool programs to secure health information from a child's parent no later than the first day of attendance unless otherwise indicated.

Name of Child (print or type)	Date of Birth	Name of Parent or Guardian

- Allergies (List all allergies affecting the child and any special precautions or treatments indicated for these allergies).  
\_\_\_\_\_  
\_\_\_\_\_
- Medications (List all medications currently being administered to the child). \_\_\_\_\_  
\_\_\_\_\_
- Chronic Physical Problems (List all chronic physical problems affecting the child). \_\_\_\_\_  
\_\_\_\_\_
- History of Hospitalizations (List dates of all hospitalizations of the child). \_\_\_\_\_  
\_\_\_\_\_
- Diseases (List all diseases the child has had). \_\_\_\_\_  
\_\_\_\_\_
- Please list any dietary supplements and/or fluoride supplements. \_\_\_\_\_  
\_\_\_\_\_

## Home Language Survey

Please answer the following questions:

- What language did your child speak when he/she first learned to talk? \_\_\_\_\_
- What language does your child use most frequently at home? \_\_\_\_\_
- What language do you use most frequently with your child? \_\_\_\_\_
- What language do the adults at home most often speak? \_\_\_\_\_
- How many years has your child attended preschool in the United States of America? \_\_\_\_\_

(For School Personnel: EMIS Student Data Element (G1270) needs to be completed with student's native/home language if questions 1-4 are answered in any language other than English. Proceed to access the student's English Language proficiency.)

**Signature of custodial/residential parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## EMERGENCY MEDICAL CONTACTS AND TRANSPORTATION AUTHORIZATION

### *TO BE COMPLETED BY ADULT HAVING LEGAL AUTHORITY OVER THE STUDENT*

The purpose of this form is to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Last) (First) (Area Code)  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

In situations where the parent cannot be reached the student may be released to the following:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### PART I - TO GRANT CONSENT

I hereby give my consent for the following medical care providers and local hospital/emergency room to be called:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_ Local Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the above named doctor or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of custodial/residential parent: \_\_\_\_\_ Date \_\_\_\_\_

### PART II – REFUSAL TO CONSENT

**\*DO NOT COMPLETE PART II IF YOU HAVE COMPLETED PART I**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of custodial/residential parent: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

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## PARENT ROSTER INFORMATION

In accordance with Rules 5101:2-12-54 of the Ohio Administrative Code, a roster for each group of children, which includes names and telephone numbers of parents, custodians, or guardians of children attending the center must be prepared annually and given to parents, custodians, or guardians upon request.

\_\_\_\_\_ I would like my name and telephone number to be included on this roster.

\_\_\_\_\_ I would **not** like my name and telephone number to be included on this roster.

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## PHOTOGRAPH, VIDEO, AND INTERVIEW RELEASE

**Child's Name:** \_\_\_\_\_

Please check if you grant/decline permission for each number listed below:

1. My child's photo may be used for classroom purposes.

Grant Permission: \_\_\_\_\_ Decline Permission: \_\_\_\_\_

2. My child's photo may be used in press releases, brochures, newspapers, slides, videotapes, or still photos to educate others regarding the ESC of the Western Reserve, ESC Preschool Programs, or to demonstrate teaching techniques. Grant Permission: \_\_\_\_\_ Decline Permission: \_\_\_\_\_

3. My child's first name and possibly last initial (in the event of two or more students with the same first name) may be used in press releases, brochures, newspapers, slides, videotapes, or still photos to educate others regarding the ESC of the Western Reserve, ESC Preschool Programs, or to demonstrate teaching techniques.

Grant Permission: \_\_\_\_\_ Decline Permission: \_\_\_\_\_

4. My child's photo may be used on the ESC of the Western Reserve Preschool program's social media accounts such as Facebook, Twitter, and/or the ESC of the Western Reserve website. For security purposes, your child's name will NOT be posted on the website or any social media sites (examples: Facebook, Twitter, etc.)

Grant Permission: \_\_\_\_\_ Decline Permission: \_\_\_\_\_

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the 2020-2021 school year

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## DEVELOPMENTAL AND HEALTH SCREENING PARENTAL CONSENT

The Ohio Department of Education's Office of Early Childhood & School Readiness requires that each child obtain a health screening and developmental screening. Therefore, I understand that in order for my child to participate in the preschool program he or she will be screened at school within the first 60 days.

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**Parent Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

BY SIGNING I AM AUTHORIZING ALL INFORMATION ON THIS PAGE IS CORRECT TO THE BEST OF MY KNOWLEDGE

# ESC of the Western Reserve Preschool Program

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## PARENT INTERVIEW

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Are you working with any other community service that you would like us to know about? List agencies. \_\_\_\_\_

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## ACTIVITIES

What does your child like to play with at home?

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Does your child play with friends outside the home other than school?

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Does your child participate in outings such as shopping, visiting relatives, etc.?

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Describe the way in which you handle behavior problems?

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Is there anything else that you would like us to know about your child? \_\_\_\_\_

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List all school aged siblings/step-siblings who live at home with the child for whom this form is being completed

First Name	Last Name	M.I.	Gender	Age	Birth Date	Legal Guardian

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### 2019 Federal Poverty Guidelines

Purpose: The Educational Service Center of the Western Reserve is required by the Ohio Department of Education (ODE) to report income levels for families of ALL preschool students enrolled in an ODE licensed preschool program. Please review the 2019 Poverty Guidelines Published by the US Department of Health and Human Services.

**You may choose to: Provide your annual household income or you may refuse to answer by checking the specified area below\*\***

### United States Department of Health and Human Services 2019 Federal Poverty Guidelines

**Please check the box that represents the appropriate family size unit and income level for your household and then sign and date below. Please note these are annual incomes.**

Size of Family Unit	100% Poverty Level	101% - 125% Poverty Level	126% - 150% Poverty Level	151% - 175% Poverty Level	176% - 200% Poverty Level	Above 200% Poverty Level
1	0-\$12,490 <input type="checkbox"/>	\$12,491-\$15,613 <input type="checkbox"/>	\$15,614-\$18,735 <input type="checkbox"/>	\$18,736-\$21,858 <input type="checkbox"/>	\$21,859-\$24,980 <input type="checkbox"/>	<input type="checkbox"/> Check if your Household Brings in more than the amount in The 200% Column
2	0-\$16,910 <input type="checkbox"/>	\$16,911-\$21,138 <input type="checkbox"/>	\$21,139-\$25,365 <input type="checkbox"/>	\$25,366-\$29,593 <input type="checkbox"/>	\$29,594-\$33,820 <input type="checkbox"/>	
3	0-\$21,330 <input type="checkbox"/>	\$21,331-\$26,663 <input type="checkbox"/>	\$26,664-\$31,995 <input type="checkbox"/>	\$31,996-\$37,328 <input type="checkbox"/>	\$37,329-\$42,660 <input type="checkbox"/>	
4	0-\$25,750 <input type="checkbox"/>	\$25,751-\$32,188 <input type="checkbox"/>	\$32,189-\$38,625 <input type="checkbox"/>	\$38,626-\$45,063 <input type="checkbox"/>	\$45,064-\$51,500 <input type="checkbox"/>	
5	0-\$30,170 <input type="checkbox"/>	\$30,171-\$37,713 <input type="checkbox"/>	\$37,714-\$45,255 <input type="checkbox"/>	\$45,256-\$52,798 <input type="checkbox"/>	\$52,799-\$60,340 <input type="checkbox"/>	
6	0-\$34,590 <input type="checkbox"/>	\$34,591-\$43,238 <input type="checkbox"/>	\$43,239-\$51,885 <input type="checkbox"/>	\$51,886-\$60,533 <input type="checkbox"/>	\$60,534-\$69,180 <input type="checkbox"/>	
7	0-\$39,010 <input type="checkbox"/>	\$39,011-\$48,763 <input type="checkbox"/>	\$48,764-\$58,515 <input type="checkbox"/>	\$58,516-\$68,268 <input type="checkbox"/>	\$68,269-\$78,020 <input type="checkbox"/>	
8	0-\$43,430 <input type="checkbox"/>	\$43,431-\$54,288 <input type="checkbox"/>	\$54,289-\$65,145 <input type="checkbox"/>	\$65,146-\$76,003 <input type="checkbox"/>	\$76,004-\$86,860 <input type="checkbox"/>	

\* Annual Family Income

\_\_\_\_\_ **Refuse to Answer**

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

2/2019 update

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### Educational Service Center of the Western Reserve Preschool Handbook

I have received and read all of the information contained in the ESC of the Western Reserve Preschool Handbook. I understand the rights and responsibilities pertaining to students, agree to support, and abide by the rules, guidelines, procedures, and policies contained within the handbook.

If I have any questions regarding information contained within the handbook, I understand that I can contact the Educational Service Center of the Western Reserve for more information.

\*\*The handbook is available online at: <https://www.escwr.org/PreschoolEarlyChildhood.aspx>

\_\_\_\_\_ I downloaded/have access to the handbook online or I have received a copy of the handbook  
\_\_\_\_\_ I do not have access to the handbook online and request a paper copy.

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By signing below, I certify all the information in this Educational Service Center of the Western Reserve preschool enrollment packet is true and correct to the best of my knowledge.

X \_\_\_\_\_  
Parent/Guardian Signature Date

#### Education Rights of Homeless Students- McKinney-Vento Act

The McKinney-Vento Homeless Assistance Act is the primary federal (U.S.) law dealing with the education of children and youth in homeless situations. The McKinney-Vento Act focuses on maintaining school stability, school access, and providing support for academic success for homeless children. For more information, please contact your district of residence's homeless liaison for assistance.

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Dear Parent/Guardians,

Please use this Credit Card Payment Authorization form if you would like to have your credit card charged automatically each month for your child's monthly preschool tuition. The first payment will be charged upon receipt of the form, the following payments will be charged on the **15<sup>th</sup>** of each month through **May 2021**. If you have any questions, please contact me at (440)350-2563 x 722 or by email at [jdowd@escwr.org](mailto:jdowd@escwr.org). Completed forms may be mailed to ESC of the Western Reserve, Attn: Jessica Dowd, 8221 Auburn Road, Painesville, OH, 44077 or faxed to 440-352-6066.

Sincerely,  
*Jessica Dowd*  
Billing Specialist

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## Credit Card Payment Authorization (Please Print Clearly)

2020 – 2021 School Year

Student Name: \_\_\_\_\_

Preschool Attending: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Card Type (circle one):  
Mastercard    Visa    Discover

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 Digit Security # (on back of card): \_\_\_\_\_

Monthly Amount to be charged: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# ESC of the Western Reserve Preschool Program

Please select preschool:

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## Child Medical Statement

8221 Auburn Road Painesville, Ohio 44077

Office Number: 440.350.2563 ext 734

Fax Number: 440.352.6066 (attention: Amy Palker)

Email: [Apalker@escwr.org](mailto:Apalker@escwr.org)

*This document is to be completed by the Child's Physician, Physician's Assistant, or Advanced Practice Nurse*

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Sex:** \_\_\_ Male \_\_\_ Female

**Limitations or Health conditions including allergies, medications, dietary restrictions etc.**

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Immunizations	Please Circle One	
Complete for Age	Yes	No
In Progress	Yes	No
Exempt from Immunizations	Religious Conviction	Health Concerns

**Please attach a copy of the child's most recent immunization record to this document.**

<b>*This child has been examined and is in suitable condition to participate in the preschool program*</b>	
<b>Physician, Physician's Assistant, or Advanced Practice Nurse (circle one)</b>	<b>Date of the Exam</b>
Address:	
Phone:	
<b>Signature of Examiner:</b> _____	

Required Assessment/Screenings for all students attending the ESC of the Western Reserve Preschool Program					
Assessment/Screening	Completed (please circle one)		Date Completed	Results	Reasons Not Completed
	Yes	No			
Vision	Yes	No			
Hearing	Yes	No			
Dental	Yes	No			
Lead Screening	Yes	No			
Hematocrit or Hemoglobin	Yes	No			