ROSS-PIKE
Educational Service District

475 Western Avenue Suite E
Chillicothe OH 45601
Phone: 740/702-3120 Fax: 740/702-3123

P.O. Box 578
Piketon OH 45661
Phone: 740/289-4171 Fax: 740/289-4542

Making A Difference! Timely Support, Quality Service, Efficiency focused.

# Preschool Application

Ross/Pike County Educational Service District
Early Childhood Programs

Steve Martin, Superintendent
Leslie Smith, Preschool Supervisor
Judy Wickham, Preschool Supervisor

Ross Administrative Office
475 Western Avenue, Suite E
Chillicothe, Ohio 45601
(740)702-3120

Pike Administrative Office
100 E. Third Street, P.O. Box 578
Piketon, Ohio 45661
(740)289-4171

Preschools

Adena Elementary.....998-5293
Eastern Primary.....226-6402 ext. 2102
Huntington Elementary.....663-6371
Jasper Elementary.....289-2425
Paint Valley Elementary.....634-2825 ext.14425
Southeastern Elementary.....774-2003 ext.1114 or 1115
Unioto Elementary.....773-4103 ext. 2504 or 2507
Waverly Primary.....941-5818
Western Elementary.....493-2881 ext. 3043
Zane Trace Elementary.....775-1304 ext. 2011, 2014 or 2016

**Please include a copy of the child's birth certificate and social security card**

## Program Description

- The Ross & Pike County Early Childhood Education Program is operated by the Ross-Pike County Educational Service District. The program is designed to serve six to eight identified special needs students, ages 3-4-5, with the option to include four to eight typically developing peers.
- Typical preschool applications are not accepted before a child is 2½ years old.
- A child must be at least 3 years old by the first day of school.
- Every child will need a copy of shot records, birth certificate and their social security card.
- Each child will need a physical examination before school starts.
- First preference will be given to children who live in the school district and will be Kindergarten eligible in the fall of the following year.

## Tuition Fees

- Tuition is $200 a month per child. A discount is offered if tuition is paid in advance, semi-annually (September – December; January – May)
- Checks are made payable to the Ross-Pike ESD and are due by the 5th of the month. Payment must be made to the Ross County Office at 475 Western Avenue, Suite E, Chillicothe, Ohio 45601. Your child's teacher will give you a booklet with a coupon to be mailed each month. If you cannot pay by then, please notify Leslie Smith at 702-3120 ext. 64308 in Ross County or Judy Wickham at 289-4171 ext. 64205 in Pike County. Tuition fees should NOT be given to teachers.
- If fees are not paid by the 15th of the month, your child must stay home until arrangements are made with the Preschool Supervisor.
- A service charge of $25 will be placed on all returned checks.
- No fee adjustments will be made for absences or holidays.

## Ross-Pike Educational Service District Preschool Application

### Identifying Data

Child's Name: _____ Nickname: _____ Age: _____

Date of Birth: _____ SS#: _____

School District of Residence: _____

Parent(s)/Guardian(s) Name:

| Mother | Father |
|---|---|
| Name: | Name: |
| Address: | Address: |
| Phone: | Phone: |

Directions to Home: _____

_____

### Social Information

List below the persons living in the home:

| Name | Sex | D.O.B. | Relationship | Health |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Are there any special arrangements (custody, other factors) that the child is experiencing? _____

_____

Child's Status: ____ Natural ____ Adopted ____ Foster

Mother's Education: _____ Father's Education: _____
Mother's Occupation: _____ Father's Occupation: _____

Who is the primary caretaker of your child? _____

Child's Birth Order in Family: ____ Oldest ____ Middle ____ Youngest ____Only

Do you have pets at home? Yes No If so, _____

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**Medical Information**

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.

Has your child had:

- ☐ accidents
- ☐ allergies
- ☐ asthma
- ☐ broken bones
- ☐ chicken pox
- ☐ hearing problems
- ☐ heart problems
- ☐ hospitalizations
- ☐ measles (7 day)
- ☐ meningitis
- ☐ on medication
- ☐ mumps
- ☐ operations
- ☐ pneumonia
- ☐ poisoning
- ☐ rheumatic fever
- ☐ rubella (3 day)
- ☐ scarlet fever
- ☐ seizures
- ☐ visual problems
- ☐ whooping cough

Immunization Record:

| Immunization | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|
| D-P-T | | | | | |
| Polio | | | | | |
| T-D | | | | | |
| Measles | | | | | |
| Rubella | | | | | |
| Mumps | | | | | |
| Tubercular | | | | | |
| Other | | | | | |

Other/Comments/Explanations: _____

**Health:**

Attending Physician: _____

Address: _____ Phone: _____

Date of Last Examination: _____ Height: _____ Weight: _____

Does chronic condition exist that requires medication? If so, explain: _____

_____

Date Prescribed: _____ By Whom? _____

| Evaluation Type | Date | Treatment | | Administering Agency | Contact Person |
|---|---|---|---|---|---|
| | | Yes | No | | |
| Dental | | | | | |
| Physical | | | | | |
| Nutritional | | | | | |
| Orthopedist | | | | | |
| Audiologist/ENT | | | | | |
| Ophthalmologist/ Optom | | | | | |
| Physical Therapy | | | | | |
| Speech Therapy | | | | | |
| Other | | | | | |

**Nutritional Information**

Is your child's appetite normal? _____ If not, why? _____

What are your child's favorite foods? _____

What foods does your child refuse to eat? _____

Is your child allergic to any foods? If so, what? _____

Does your child feed himself/herself? _____

Does your child drink from a cup? _____

Does your child sit in a chair, high chair or booster? _____

**Behavioral Information**

Does your child have any of the following behavioral traits?

- ☐ Nightmares
- ☐ Temper Tantrums
- ☐ Overactive
- ☐ Rocking
- ☐ Toilet Training Difficulties
- ☐ Thumb Sucking
- ☐ Stuttering
- ☐ Eye Blinking
- ☐ Head Banging
- ☐ Biting
- ☐ Nail Biting
- ☐ Mood Swings
- ☐ Hitting/Pinching
- ☐ Extremely Quiet

Is your child toilet trained? Yes No

How does your child communicate the need to go to the bathroom? _____

Does your child dress himself/herself? Yes No

How does your child spend the day? Daycare Preschool Sitter w/Parent

Does your child make friends easily? Yes No

Does your child share toys? Yes No

Does your child play with other children during the day?

- ☐ Has lots of friends
- ☐ Prefers one of two friends
- ☐ Plays with siblings only
- ☐ Prefers to play alone

What does your child play with? _____

How does your child express his/her needs? _____

What method of discipline is used?
By Mother? _____
By Father? _____

How do you comfort your child? _____

When your child plays:

_____ Needs someone present much of the time or gets in trouble
_____ Occupies self by finding and doing own activity
_____ Gets bored easily in any one activity
_____ Needs a lot of things to keep occupied

Does your child play with:
____Puzzles ____Construction Toys ____Crayons ____Scissors ____Pencils

Does your child separate easily from parent? Yes No

Has he/she had any recent life changes/experiences? If so, explain _____

_____

Does your child have any fears? _____

Describe your child:

| | | |
|---|---|---|
| ☐ Friendly | ☐ Independent | ☐ Quiet |
| ☐ Shy | ☐ Stubborn | ☐ Fearful |
| ☐ Easily Angered | ☐ Difficult to Handle | ☐ Cooperative |

Does your child nap? Yes No

How long do they sleep at night? _____

What is your goal for your child in preschool? _____

_____

_____ _____
Parent Signature Date

For Teacher Use:
Goal for child: _____

For Office Use Only:

District Admission Date: _____ Preschool: _____
(date faxed to district)
HMG SSID #: _____ Head Start: _____

## STUDENT INFORMATION CHECKLIST

Student's FULL Name: _____
First Middle Last

Social Security Number: _____

Date of Birth: _____ City of Birth: _____

Gender: ___Male ___Female

Hispanic/Latino: ___Yes ___No

Racial/Ethnic Group Element
___White, Non-Hispanic (W) ___American Indian or Alaskan Native (I)
___Black or American (B) ___Native Hawaiian or Other Pacific Islander (P)
___Hispanic/Latino (H) ___Multiracial (M)
___Asian (A)

Ethnicity:
___White, Non-Hispanic (W) ___American Indian or Alaskan Native (I)
___Black or American (B) ___Native Hawaiian or Other Pacific Islander (P)
___Hispanic/Latino (H) ___Multiracial (M)
___Asian (A)

Native Language: _____

Mother's Maiden Name: _____

Home Address: _____

City & Zip Code: _____

Phone: _____

Mother's Name: _____

Father's Name: _____

Step Parent Names: _____

Guardian Names: _____

Foster Parents Names: _____

Court Placed DOR: _____
(Need Documentation of Parental Address at time of removal)

Monthly Income: _____ Poverty Level: _____

School District of Residence: _____

Revised: May 6, 2014