The Northwest Local School District is pleased to offer preschool classes at the Houston Early Learning Center.

Preschool students attend either in the morning or afternoon at the Houston Early Learning Center. Children must reside within the Northwest Local District and must be three or four years of age on or before September 30, 2023 to be eligible to attend this program. *A child must be toilet trained by August 1, 2023 for final acceptance into the Early Childhood Program.*

The Northwest Local School District serves preschool students with disabilities in blended preschool classrooms. This means students with disabilities and typical students are in one classroom. If you feel your child may require services for a disability, please contact the Special Education Services Department at 513-923-1000 extension 4917 for additional information.

The tuition requirement for the Northwest Local District Early Childhood Preschool Program is based on income and is supported by the Northwest Local School District. Support is received through state and federal funds. These funds are based on criteria which must be adhered to including stringent income eligibility components in order for the funds to be retained. One such requirement is the Early Childhood Education Eligibility Screening Tool which you will find in this packet.

Tuition for the 2023-2024 school year will remain at $200 per month. Reduced tuition rates are available for those who qualify.

Class size in preschool classrooms is limited in order to comply with state regulations. Completed registration packets must be submitted to the Houston Early Learning Center at 3308 Compton Rd. Cincinnati, OH 45251. Packets will be accepted by appointment only until class capacity is met. After that a waiting list is established on a first come, first served basis.

Summer screening information will be given to you at the time of your students registration meeting. Teacher assignment and parent-teacher-child conference times and dates will be mailed after the screenings take place. Mandatory screenings will take place in July.
NORTHWEST LOCAL SCHOOL DISTRICT
EARLY CHILDHOOD PRESCHOOL PROGRAM

Document Verification List

Houston Early Learning Center
3308 Compton Rd, Cinti OH 45251
Phone (513) 385-8000 ext:4901
Fax: (513) 395-8090

Student Name________________________________________ Date of Birth____________________
(As it appears on Birth Certificate)

Documents & Forms Required for PRESCHOOL Enrollment

Please Complete and Sign the Following FORMS:

_____ Student Enrollment Forms Due at Registration
_____ Student Information Release Form Due at Registration
_____ Physical Examination Form (completed and signed by physician) Due By 8/1/23
_____ Immunization Record (completed and signed by physician) Due By 8/1/23
_____ Student Health Form Due at Registration
_____ Emergency Medical Authorization Form Due at Registration
_____ Student Dismissal Information Due at Registration
_____ Early Childhood Education Eligibility Screen Tool Due at Registration
_____ Parent Financial Agreement Due at Registration

The following documents MUST be provided:

_____ Child’s Birth Certificate or Passport Due at Registration
_____ Court-Stamped Custody Papers (if applicable) Due at Registration
_____ Parent/Guardian’s Driver’s License or State ID Due at Registration
_____ Proof of Residency (2 required) Due at Registration

Current Mortgage, Tax Bill, Commercial Lease OR Residency Affidavit
with Owner’s Proof and Business Mail addressed to the Name of the Parent/Guardian
_____ 2 current pay stubs or Employer Letter for Wage Verification Due at Registration
_____ 2022 1040 or 1040 EZ tax form for Dependent Verification*

Due No Later Than 4/25/23

Registration forms must be completed and documents must be provided at the time of registration.*

*2022 Tax forms are due no later than April 25, 2023
*Physical forms are due no later than August 1, 2023

Failure to turn in the required paperwork will result in removal from the preschool class list.
2023-2024 Early Childhood Student Enrollment Form (due at registration)

Student Name ________________________________________________________________

Date of Birth: ___________________________ Place of Birth: ______________________

Home Address ______________________________________________________________

Zip: ___________ Cell Phone: __________________________

Circle One: White Black Hispanic** Asian Multiracial* American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

**If Hispanic, Select Racial Group: Cuban Mexican Puerto Rican South or Central American Other Spanish Culture

*If Multi-Racial, Select Racial Groups: White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

Circle One: Male Female Last School Attended ______________________ Age __________

Last District Attended _______________________________________________________

If born outside of US, give date of entry ______________________

Parent Information: Status of Parents (circle one): Married Divorced Widowed Separated Single/Never Married

Are you the natural/adoptive parent(s) of the child (circle one): Yes No If no, your relationship: __________________________

Father/Guardian Name: ______________________________________________________

Address: ________________________________________________________________

Cell #: ___________ Email: _____________________________________________

Place of Employment: ______________________ Work #: ____________________

Step Mother Name (If applicable) ______________________ Cell #: ___________

Mother/Guardian Name: ____________________________________________________

Address: ______________________________________________________________

Cell #: ___________ Email: _____________________________________________

Place of Employment: ______________________ Work #: ____________________

Step Father Name (If applicable) ______________________ Cell #: ___________

Home Language Survey:

1. What language did your son/daughter speak when he/she first learned to talk? (Native Language) ______________________

2. What language does your son/daughter use most frequently at home? (Home Language) ______________________

3. What language do you use most frequently with your son/daughter? ______________________

4. What language do the adults at home most often speak? ______________________

5. How long has your son/daughter attended school in the United States? __________

Annual Class Roster: Each year we prepare a roster for each classroom in our program. This roster will not be furnished to any person (s) other than parents of children enrolled in our program.

I authorize the following information to be listed on the parent roster: Child's Name, Parent/Guardian name, Address and Phone #: □ Yes □ No  Signature of Parent/Guardian X ______________________ Date: __________

Other Siblings In The District:

Name: ______________________ Grade: _____ Name: ______________________ Grade: _____

I, the undersigned, do hereby state and declare under penalty of falsification (*), that I am the parent or legal guardian of the above named student and that this registration information is true and correct. Consent is hereby granted to Law Enforcement Officers to look at my child's records and make copies, thereof, if the matter of a missing child develops.

x_____________________

Parent/Guardian Signature ______________________ Date: __________

(*) Falsification under Ohio Revised Code Section 2921.13 is a misdemeanor of the first degree punishable by a maximum of six (6) months imprisonment or a fine of $1,000 or both.
2023-2024
STUDENT INFORMATION RELEASE

FERPA (Family Educational Rights and Privacy Act) allows that certain student information (known as Directory Information) may be released to those who follow procedures for requesting it.

For Additional information go to (http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html).

PLEASE COMPLETE THE INFORMATION REQUESTED BELOW

Student Name: _______________________________________________________

Parent Name: _______________________________________________________

Parent Signature: ___________________________________________________

Date Signed: _______________________________________________________

By checking the YES box you give the Northwest Local School District and/or the Houston Early Learning Center preschool permission to use any information regarding your child. (Images, Attendance Recognition, etc)*

☐ YES

By checking the NO box you have indicated that you do not wish for your child’s information to be used by the Northwest Local School district or the Houston Early Learning Center Preschool.

☐ NO

For Office Use Only:

Date form received by the office: ________________________________

Classroom Teacher: ____________________________________________

Date Information provided to the Classroom Teacher(s): _________________
Northwest Local School District

Student Health History

2023-2024

(To be completed by parent/guardian)

STUDENT'S LAST NAME ___________________ FIRST _______ MIDDLE _______ DATE OF BIRTH

FAMILY HEALTH HISTORY - Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father: ____________________________________________
Mother: ____________________________________________
Brothers and Sisters: _________________________________

I. HEALTH CONDITIONS - please check any that apply to your child

Abdominal Spinal Curvature (scoliosis etc.) D Abdominal Organs
ADHD/ADD D Diabetes D Meningitis or Encephalitis
Allergies – Food*** D Allergies – Medication D Allergies – Other
Allergies – Medication D Allergies – Other
Asthma D Behavior Problems D Emotional Problems
Birth or Congenital Malformation D Hearing Aids D Speech Problems
Bone/Muscle/Joint Problems D Heart Problems D Traumatic Brain Injury
Bowel/Bladder Problems D Hemophilia D Vision Problems
Cancer – Type D Juvenile Arthritis D Urinary Tract Infections
Chicken Pox D Lead Poisoning D Wetting (day/night)

II. VISION AND HEARING

Frequent ear infections? ___________ Left __________ Right __________ Both __________ How Often?

Hearing problems? ___________________ When? ___________________ Ear Tubes? ________________

Wear glasses? ________________________ Reason ________________________ Date of Last Eye Exam ________________

III. INJURIES AND ILLNESS - Please list any severe injuries or illnesses:

Injuries/Illness ____________________ Child's Age _______ Hospitalization

___________________________________________________________________________________________

Comments: _______________________________________________________________________________

What medications are given daily or frequently?

This child is usually: _______ Very Active _______ Normally Active _______ Inactive

Do you have any concern about how your child gets along with others?

_________________________________________________________________________________________

Do you have other comments/concerns about this child's health, development, behavior, family or home life that you would like to share with the school? Please explain/comments

_________________________________________________________________________________________

V. PAST OR PRESENT SERVICES RECEIVED

☐ Previous Psychological Evaluation __________ Year ☐ Special Education Support ____________ Year

☐ Counseling or Mental Health Services ____________ Year

☐ Speech Therapy ____________ Year

DATE OF LAST PHYSICAL EXAM: __________________________ DATE OF LAST DENTAL EXAM: __________________________

FORM COMPLETE BY: ___________________________ RELATIONSHIP TO CHILD: __________________

☐ I hereby authorize the school nurse and/or school health service specialist to share necessary health information about my child with the appropriate school staff. This information will be shared in a confidential manner. This authorization is valid for the current calendar school year only. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act (FERPA).

Parent/Guardian Signature X ___________________ Date ___________________

☐ I do not give permission to share information

Parent/Guardian Signature X ___________________ Date ___________________
EARLY CHILDHOOD PRESCHOOL
Child Medical Statement

*Due by 8/1/23
Form & Copy of Immunizations

SECTION I - Child Medical Information

Child’s Name ________________________________ Gender_______
Date of Birth ________________ Age _____ Height ___________ Weight ___________

<table>
<thead>
<tr>
<th>Immunizations: Please attach a copy of Immunizations</th>
<th>Exempt from Immunizations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete for Age ☐ YES ☐ NO</td>
<td>Religious Conviction ☐ YES ☐ NO</td>
</tr>
<tr>
<td>In Process ☐ YES ☐ NO</td>
<td>Health ☐ YES ☐ NO</td>
</tr>
</tbody>
</table>

Lead Results:
Other ____________________________

Hct/Hgb Results:

Vision Screening Results: RIGHT 20/___________ LEFT 20/___________

Hearing Screening Results PASS / FAIL

Limitations or health conditions, including allergies, medications, and dietary restrictions.

SECTION II - Child Medical Statement Verification

Physician/Clinic/Hospital Name __________________________ Provider Phone Number ________________
Provider Address __________________________ City __________ State ________ Zip __________

Check box of examining medical professional:
☐ Physician
☐ Physician Assistant
☐ Advanced Practice Registered Nurse

This child has been examined and is in suitable condition to participate in group care.

Signature of Medical Professional X _________________ Date of Exam: ________________
EARLY CHILDHOOD
Emergency Medical Authorization and Authorization to Pick Up From School
2023-2024

Student’s Name ___________________________________ Date of Birth ________________

Address _________________________________________ Cell Phone ______________________

Street Zip Code

Purpose - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority and/or are permitted to pick the child up if he/she becomes ill or injured, when parents or guardians cannot be reached.

Part I OR Part II MUST Be Completed

Part I - To Grant Consent:
Parent/Guardian (Custodial Guardian)

Mother’s Name ___________________________ Cell Phone # ______________________

Mother’s Email _____________________________

Father’s Name _____________________________ Cell Phone # ______________________

Father’s Email _____________________________

Do mother & father live in the same house? Yes No
If not, who has legal custody? Mother Father Shared

Name of Two Relatives or Friends (18 years of age or older) Required

1. Who may be notified ___________________________________ Phone # ______________________
   Address ______________________________________ Relationship to Student____________________

2. Who may be notified ___________________________________ Phone # ______________________
   Address ______________________________________ Relationship to Student____________________

Doctor to be called ___________________________ Phone # ______________________

Dentist to be called ___________________________ 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 license physician or dentist; and (2) the transfer of the child to any hospital reasonable accessible. Preferred local hospital ____________________.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child’s medical history including allergies, medications being taken, and any physical impairment to which the practitioner should be alerted:

__________________________________________________________

Date: __________________ Signature of parent/guardian__________________________

Part II - Refusal To Grant Consent: Parent(s) must meet with the school nurse to establish an emergency plan.

Parent/Guardian (Custodial Guardian)

Date: ______________ Signature of parent/guardian ___________________________________
Northwest Local School District

EARLY CHILDHOOD

Student Dismissal Information

2023-2024

I: Student's Name: ___________________________ Birthdate: ___________________

Home Address: ___________________________ Cell Phone #: ___________________ (Unlisted?)

Do mother and father live in the same house?   Yes   No

If not, who has legal custody? Mother  or Father  (Court documentation must be provided)

Shared (If custody is shared, please provide the address of both parents.)  Other: ____________________

II: Father's Name: ___________________________ Address: ___________________________

Place of Employment: ___________________________ Work Phone #: ____________________

Cell #: ___________________________ E-mail address: ___________________________

    Mother's Name: ___________________________ Address: ___________________________

Place of Employment: ___________________________ Work Phone #: ____________________

Cell #: ___________________________ E-mail address: ___________________________

III: Step-Parent's Name: ___________________________ Address: ___________________________

Cell #: ___________________________ e-mail address: ___________________________

IV: Guardian's Name: ___________________________ Address: ___________________________

Cell #: ___________________________ e-mail address: ___________________________

V: BabySitter or Daycare Name: ___________________________

Address: ___________________________

Cell #: ___________________________

Please list all other children in your household who attend Northwest Local Schools:

____________________________________________________________________________________

MANDATORY EMERGENCY CONTACTS: Please list at least two people who are permitted to pick up your child if he/she were ill and you could not be reached. Please list in the order you prefer called, making sure we have the DAYTIME PHONE NUMBER; we must be able to reach someone during the day!

Name: ___________________________ Relationship: __________________ Daytime Phone #: __________________

Name: ___________________________ Relationship: __________________ Daytime Phone #: __________________

Name: ___________________________ Relationship: __________________ Daytime Phone #: __________________

IS THERE ANYONE WHO IS NOT TO PICK UP YOUR CHILD?

____________________________________________________________________________________

Relationship: __________________

Signature: X ___________________________ Relationship to Student: __________________ Date: _____________
EARLY CHILDHOOD
Parent Financial Agreement
2023-2024

Please complete this form and submit it at the time of registration. Monthly tuition must be paid using the district’s Pay Schools program. Information required for the account setup will be provided to the parents/guardians prior to the student’s start date.

*A COMPLETED TUITION SUBSIDY FORM WILL DETERMINE ELIGIBILITY FOR TUITION ASSISTANCE*
The forms required to be completed along with the supporting documentation must be submitted in order for your students tuition to be determined. Failure to submit documentation will result in your student tuition to be the full amount of monthly tuition that has been predetermined by the school district. The current amount for the 2023-2024 school year is $200 a month.

1. I agree to pay the tuition fee in advance with no deduction for absences, holidays, or vacations. The monthly tuition fee is due by the 25th of the prior month for that month of enrollment. For example, the bill for September is due August 25th. I understand that legal action will be taken to collect unpaid obligations.

   I agree that if my child is enrolled in preschool and the fee is not paid by the final notice from the treasurer's office, my child will be withdrawn from the Houston Early Learning Center preschool. The Northwest Local School District does not have payment plans available for families who are unable to pay the tuition.

2. I also agree to pay the first month's tuition fee prior to the first day of my child's attendance.

3. I agree to pay a $30.00 fee for a returned check and will submit a money order for future payments.

4. I agree to submit any program changes for my child in writing. I understand that changes will become effective the first day of the following month.

5. I understand that my child will not be able to enroll in any future tuition programs within the Northwest Local School District if there are past due balances on my account. I understand that unpaid balances will follow my student to their next school in the district.

Child's Name ________________________________ Date of Birth_______________
Address: ____________________________________________________________________________
Parent(s) Name ________________________________________________________________
Parent’s Cell Phone #: ____________________________________________________________

Parent Signature x________________________________________
Date x______________________________
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<td>Child 1</td>
<td>Provider Name and Address</td>
<td>What hours/days do you need services? (i.e. child care or preschool) <em>Check all that apply</em></td>
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<td>Child's Mother's Maiden Name</td>
<td>What is the child's home school district?</td>
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**Special Needs**

Is your child in need of special needs child care based on this definition? "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.

☐ Yes ☐ No

<table>
<thead>
<tr>
<th>Child 2</th>
<th>Provider Name and Address</th>
<th>What hours/days do you need services? (child care or preschool) <em>Check all that apply</em></th>
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☐ Yes ☐ No
<table>
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<tr>
<th>Child 3</th>
<th>Provider Name and Address</th>
<th>What hours/days do you need services? (child care or preschool) Check all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td>☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat</td>
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<td></td>
<td></td>
<td>☐ Mornings ☐ Afternoons ☐ Evenings</td>
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<tr>
<td></td>
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<td>☐ Weekends</td>
</tr>
<tr>
<td>Child's Mother's Maiden Name</td>
<td></td>
<td>What is the child's home school district?</td>
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<tr>
<td>Child's City of Birth</td>
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**Special Needs**

Is your child in need of special needs child care based on this definition?
"Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.

☐ Yes ☐ No
Tell us about your finances

Will you or the people in your home receive income this month?  ☐ Yes  ☐ No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers’ Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of Income</th>
<th>Amount of Income (before taxes)</th>
<th>How Often Received (weekly, bi-weekly, etc)</th>
<th>Date Last Received</th>
<th>Work or School Schedule (please list times)</th>
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</tbody>
</table>

Do you or anyone in your household pay Child or Spousal Support?  ☐ Yes  ☐ No

How Much?

Signature of Applicant

Date