

LORAIN CITY SCHOOLS PRESCHOOL PAQUETE DE MATRÍCULA



Para registrar a su hijo/a en preescolar, por favor cree una cuenta en <https://lorain-oh.finalforms.com/> Sube las verificaciones a Final Forms junto con la documentación que se indica a continuación:

FORMULARIOS

- APLICACIÓN
- FISICO MÉDICO Y DENTAL
- DECLARACIÓN DE NO INGRESO

VERIFICACIÓN DE INGRESO

- TALONARIO MÁS RECIENTE DE 30 DIAS
- IMPUESTO MÁS RECIENTES W2 1040
- UNA HOJA CON LA INFORMACIÓN DE CASO DE WELFARE O LMHA
- CARTA DE SEGURO SOCIAL
- CARTA DE APOYO DE OTRA PERSONA HOJA QUE LE PROPORCIONE APOYO
- MANUTENCION PARA NIÑOS

IDENTIFICACIÓN

- ACTA DE NACIMIENTO
- DOCUMENTOS DE TUTELA/CUSTODIA (SI CORRESPONDE)
- VACUNAS DEL NIÑO(A)
- TARJETA DE SEGURO SOCIAL DEL NIÑO(A)
- ID DE PADRE
- CARTA DE SEGURO MÉDICO

RESIDENCIA (SOLO SE NECESITA UNO)

- FRACTURA DE SERVICIOS PÚBLICOS
- CONTRATO DE ARRENDAMIENTO
- EXTRACTO DE CUENTA
- CARTA DEL GOBIERNO

Tenga en cuenta que Lorain City Schools puede proporcionar educación preescolar de alta calidad, con matrícula gratuita, debido a los fondos federales y estatales, lo que requiere que mantengamos un registro de toda la información anterior. Los cupos son limitados y hemos designado aulas de medio día para niños de 3 años que no cumplen 4 años antes del 30 de septiembre. Complete los formularios adjuntos y suba todos los documentos requeridos (incluidos los formularios adjuntos) en FinalForms haciendo clic en la pequeña carpeta negra a la derecha del nombre de su estudiante. Si tiene alguna pregunta, no dude en contactarnos a apardon@lorainschools.org o kdimacchia@lorainschools.org o al 440-830-4111.

CHILD HEALTH RECORD:

FORM 5, DENTAL HEALTH

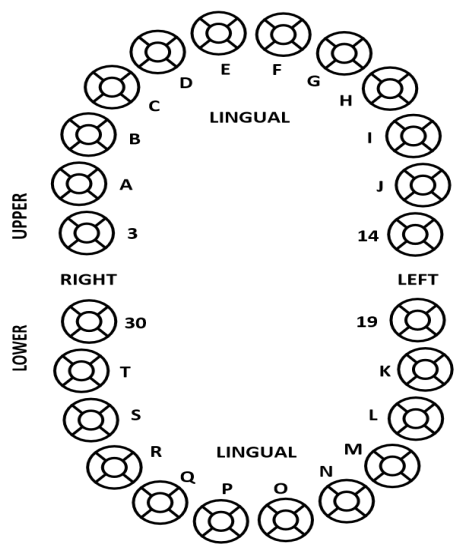
CHILD'S NAME: _____ SEX: _____ BIRTHDATE: _____

ADDRESS: _____ PHONE: _____

1. DOES THE CHILD HAVE ANY TROUBLE WITH TEETH, GUMS, OR MOUTH THAT THE PARENT KNOWS ABOUT? _____

2. PAYMENT/INSURANCE INFORMATION: _____

3. ORAL CONDITIONS BEFORE TREATMENT: missing (☒), decayed (☉), or filled (☐); indicate restorations you perform in item 4.



4. EXAMINATION AND TREATMENT RECORD (List recommended services in order)

Tooth # or Letter	Surfaces	Description of Work	Treatment Approved	Date Services Performed			A.D.A. Procedure Number	Actual Charges (Fee)
				MO.	DAY	YR.		

DATE DENTAL SERVICES PROVIDED: _____

EXAM _____ FLUORIDE _____ PROPHY _____ X-RAYS _____ SEALANTS _____

TREATMENT (restoration, pulp therapy, extraction, etc) _____ (See section below if treatment is not complete)

OTHER _____ **DATE OF NEXT ROUTINE EXAM:** _____

DENTAL SERVICES NEEDED:

EXAM _____ FLUORIDE _____ PROPHY _____ X-RAYS _____ SEALANTS _____ OTHER _____

TREATMENT (restoration, pulp therapy, extraction, etc) _____ REFERRAL _____

Approximate number of visits to complete treatment: _____

Dates of scheduled appointment(s): _____

SUMMARY OF DENTAL SERVICES:

_____ All planned treatment is complete _____ Treatment was Referred

_____ All planned treatment is **NOT** complete _____ No treatment needed at this time; routine recall visits

Provider Signature _____ Date _____

Early Childhood Education Grant Zero Income and McKinney-Vento Statement

Families with no income must provide a written explanation of how they are meeting basic living expenses, including food, housing/shelter, utilities and transportation.

The McKinney-Vento Act provides resources for children of families that are experiencing homelessness. Preschool students experiencing homelessness are eligible for immediate enrollment in programs with Title 1 funding. Homelessness is defined as:

Individuals who lack a fixed, regular, or adequate nighttime residence and includes:

- 1. Children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;*
- 2. Children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation;*
- 3. Children who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and*
- 4. Migratory children who qualify as homeless because they are living in circumstances described in 1-3 above.*

I, _____, verify that neither I nor any member of my family earns/receives any income.

I, _____, verify that my family meets the definition of homelessness.

Briefly describe how your family is meeting food, housing, utilities and transportation needs:

I certify that the information above is complete and accurate to the best of my knowledge. I understand that if I knowingly give false information or misrepresentation of my income, it may result in disqualification.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Witness Printed Name: _____

Witness Signature: _____ Date: _____



This form meets Ohio Administrative Code. Programs may use this form or build their own.

Section I - Child Medical Information

Child's Name

Date of Birth Height Weight

Table with 2 columns: Immunizations and Exempt from Immunization. Rows include Complete for Age, In Process, Religious Conviction, Health, and Other.

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

Large empty rectangular box for entering health conditions.

Section II - Child Medical Statement Verification

Physician/Clinic/Hospital Name Provider Address

Provider Phone Number Provider City Provider State Provider 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 Date of Exam

Programs funded through the Ohio Department of Education must have written policies and procedures to ensure that children have received comprehensive health screenings and/or that families are informed of the importance of health screenings and the resources to obtain them.