

Lorain City Schools Preschool Registration Packet

To register for Preschool, please create an account at <https://lorain-oh.finalforms.com/>

You will then be required to upload the following documents:

Enclosed forms	Additional documentation needed
<ul style="list-style-type: none"> <input type="radio"/> Application <input type="radio"/> Physical/dental forms (completed by medical professional) <input type="radio"/> Statement of No Income (to be completed for adults with zero income in the home) 	<ul style="list-style-type: none"> <input type="radio"/> Child's birth certificate <input type="radio"/> Guardianship/custody documents, if applicable <input type="radio"/> Child's immunization record <input type="radio"/> Child's social security card <input type="radio"/> Parent ID (driver's license or other government-issued ID) <input type="radio"/> Documentation of income (examples listed below): <ul style="list-style-type: none"> <input type="radio"/> Most recent income tax 1040 or W-2 <input type="radio"/> Current pay stubs for 30-day span <input type="radio"/> Case profile printout from Job and Family Services or LMHA <input type="radio"/> Social Security Award letters <input type="radio"/> Letter of support from another person <ul style="list-style-type: none"> <input type="radio"/> Child support printout <input type="radio"/> Residency verification <input type="radio"/> Medical insurance card

Please note: Lorain City Schools is able to provide high quality pre-K tuition-free due to federal and state funding, which requires us to keep record of all of the above information. Slots are limited and we have priority placement for 4 year olds, so please complete the enclosed forms and submit packet when **ALL** of the above required documentation has been collected. Please call Alisha with any questions at 440-830-4040.

Ohio Department of Job and Family Services
Ohio Department of Education
EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

Tell us about you (the applicant)

First Name		MI	Last Name	
Address				
City		State	County	Today's Date
Phone Number ())		Additional Phone Number ())		E-mail Address

Tell us about the people in your home

Name <i>(First, Middle, Last)</i>	Relationship to You <i>(spouse, son, friend, etc.)</i>	Race	Hispanic or Latino <i>Y or N</i>	Spoken Language	Date of Birth	Gender <i>M or F</i>	U.S. Citizen <i>Y or N</i>
	Self	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					

Child 1	Provider Name and Address	What hours/days do you need services? (i.e. child care or preschool) Check all that apply
Name		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		

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

Child 2	Provider Name and Address	What hours/days do you need services? (child care or preschool) Check all that apply
Name		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		

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

Child 3	Provider Name and Address	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		
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. <input type="checkbox"/> Yes <input type="checkbox"/> 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.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, bi-weekly, etc)	Date Last Received	Work or School Schedule (please list times)
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____

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

Signature of Applicant	Date
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Early Childhood Education

Early Childhood Education Grant Income Eligibility Worksheet & Declaration of No Income

This worksheet is designed to assist Early Childhood Education Grant programs in determining income eligibility for children and families. **This worksheet is not required to be completed but is provided as a resource tool.** Income eligibility does not need to be completed for children who meet the following eligibility criteria (a list of acceptable documentation verifying the exempted category is included):

- Child has a current Individualized Education Plan (IEP) - a copy of the IEP must be on file for review
- Child lives with a foster or kinship family -- a copy of the case plan or family service plan as defined in ORC 2151.412 or a copy of the Kinship Permanency Incentive Program papers must be on file for review

Please be reminded that for children who meet the eligibility categories listed above, it is not necessary for families to provide income information on page 3 of the JFS 01121. The documentation listed above will be accepted instead. However, all other pages of the JFS 01121 are still required to be completed, including the signature field on page 3.

Section 1 – Determination of family size (leave row blank if not applicable).

	Number of parents/legal guardians of the child who reside in the home and all minor children of the parents/legal guardians who reside in the home
	Number of stepparents residing in the home, and all their minor children who reside in the home (do not count a minor child in this box if you counted them in the box above)
	Number of grandparents who reside in the home (only include this number if the parent of the child is a minor and is not participating in the LEAP program)
	Number of unmarried parents of any common child(ren) who reside in the home and the number of their minor children (do not count a minor child in this box if you counted them in one of the boxes above)
	Total number of individuals who should be included when determining family size



Early Childhood Education

Section 2 – Determination of family income (if the family does not have any earned or unearned income, please skip to Section 3).

- Both gross earned and unearned income should be included
- The income from all adult family members residing in the home, as identified in Section 1, should be included when determining family income

Please check below the income types received in the home. Documentation of all income received must be on file for review. Examples of acceptable documentation are provided. If documentation of income is not available due to the family experiencing homelessness, write “McKinney Vento” or “Project Act” on the JFS 01121 form on page three alongside the sources of any income where documentation is not available.

Definition of homelessness: 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.

Gross Earned Income	Gross Unearned Income
Employment – two consecutive paystubs or W2 form	Child support – child support letter and documentation of receipt
Self-employed – W2 form or current business records estimating income	Social Security Administration Disability – award letter
	Ohio Works First (OWF) Cash Assistance – award letter
	Unemployment Benefits – award letter
	Gifts from family members – statement from person giving the gift
	Veteran’s Payments – award letter
	Survivor Benefits – award letter
	Alimony – award letter
	Pension or Retirement Income – award letter
	Educational Assistance – award letter
	Other

Using the information gathered from Sections 1 and 2 above, determine if the family meets income eligibility using the [Federal Poverty Guidelines](#).



Early Childhood Education

Section 3 – Declaration of no income

If a family has no income, they must provide a written explanation of how they are meeting basic living expenses, including but not limited to food, housing/shelter, utilities and transportation. The family must provide a statement indicating the information provided is true and accurate, must contain a detailed explanation of how all four living expenses noted above are met, and must contain the parent/guardian signature.

I, _____, verify that neither I nor any member of my family earns/receives any income. I/We have been meeting our basic needs in the following ways:

Food:	
Housing/Shelter:	
Utilities:	
Transportation:	

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 _____

Immunizations:	Exempt from Immunization:	
Complete for Age	<input type="radio"/> Yes <input type="radio"/> No	Religious Conviction <input type="radio"/> Yes <input type="radio"/> No
In Process	<input type="radio"/> Yes <input type="radio"/> No	Health <input type="radio"/> Yes <input type="radio"/> No
		Other _____

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

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.

