

Southeast Local Preschool Program Registration

Southeast Local Schools: A Community United in a Commitment to Learning

2022-2023



PLEASE COMPLETE & RETURN WITH REGISTRATION FEE

Child's Name: _____ Sex: _____ (M or F)
(Last) (First) (Middle Initial)

Parent(s) Name _____ Phone Number: _____

Address: _____
Street PO Box City / Zip

School District child lives in:

Sex: _____ (M or F) Age _____ Birthday _____ / _____ / _____

Brothers: _____ / _____ Sisters: _____ / _____
Younger # Older # Younger # Older

Class for 3 year old children:

_____ Tuesday/Thursday / 9:15 - 11:30 a.m. \$80.00/Month

NOTE: Your child MUST turn 4 years old by August 1st to enroll them in any 4/5 year-old program!

Classes for 4-5 year old children: (Indicate a "1" for first choice and "2" for second):

_____ Monday/Wednesday/Friday ~ ALL DAY / 9:15 - 3:00 p.m. \$210.00/Month

Transportation is available for students who are on the Apple Creek Elementary bus routes and are attending the full-day program. YES / NO ~ My child will be riding the bus

_____ Tuesday/Thursday / 12:45 - 3:00 p.m. \$80.00/Month

Please list any pressing reason you must have a certain Session:

*Financial assistance available
for families with limited income*

Please send a copy of birth certificate with completed registration form.

NOTE: If monthly fee is not paid by the first day of each month, an additional \$25.00 will be added as a late fee.

If tuition is still not received two weeks after due date, child cannot attend classes until the month is paid in full (including late fee).

Registration opens March 1st. Until March 31, priority will be given to children of the Southeast Local School District and preschool students currently in attendance. After March 31, enrollment of out of district residents will be considered on a "space available" basis.

Children must be four years old on or before August 1st (for 4-5 year old program), and three years old on or before August 1st for 3 year old program to enroll at the beginning of the school year. If your child is not 3 by August 1st, and you would like to enroll them during the school year when they turn of age, you may enroll them if there is an opening at that time. Early entry to preschool will not qualify or warrant early entrance to Kindergarten. They must also be completely toilet-trained, and have immunization and physician's medical examination on file prior to the first day of school.

If you are interested in this high quality preschool experience for your child, [please complete the registration form and return, along with copy of birth certificate](#), it to: Southeast Local Schools, 9048 Dover Road, Apple Creek, OH 44606. **A non-refundable \$30.00 registration fee is required to hold a space for your child.**

If you have any questions, please call Holly Mastrine, Director of Curriculum and Special Programs, at the Board Office 330-698-3001.

Please complete back of form



Parent / Guardian / Other Relationship: _____	
Father's Name _____ Father or Step-Father (circle one)	Mother's Name _____ Mother or Step-Mother (circle one)
Father's Employer: _____	Mother's Employer: _____
Work Telephone Number _____	Work Telephone Number _____

Is the student residing with both parents? ____ Yes ____ No

If no, who is legal custody vested in? ____ Mother ____ Father ____ Co-Custody

It is state law that a copy of the court ordered custody decree be presented at the time of enrollment.

Please circle the county in which parent lives: 38-Holmes 85-Wayne 76-Stark

Last school attended: _____

School Address: _____

Last date attended previous school: _____ Cause of change: _____

Does your child receive any special services? (Speech, Tutor, Spec. Ed., etc.) ____ Yes ____ No

Facts concerning the child's medical history including allergies, medication currently being taken, any physical impairments or emotional problems (fears/anxieties) to which the school should be alerted: _____

PRESCHOOL PARENT/GUARDIAN SIGNATURE:



I fully intend to enroll my child in the program and agree to comply with the rules and regulations of the program to the best of my ability. Signature of parent/guardian _____ Today's date: _____

FOR OFFICE USE ONLY:

Grade: _____ Student ID # _____ Homeroom # _____ Bus # _____

Entered: _____ Sent for records: _____ Records Received: _____ Career Center: _____

Southeast Local Preschool Program
ADDITIONAL INFORMATION ABOUT THE PRESCHOOL PROGRAM

Thank you for your interest in the Southeast Local Preschool Program!

Philosophy:

Facilitate each child's learning to realize his/her full potential by emphasizing social, physical, mental and academic development through hands-on engaging experiences.

Curriculum:

The preschool learning experiences will be established following the Ohio Department of Education Core Standards. These standards include Language Arts, Mathematics, Science and Social Studies.

Staffing:

One teacher (pre-kindergarten certified) and one educational aide

Location:

- The district preschool is located at Apple Creek Elementary

Your child's first day of preschool will be scheduled and information sent to you for orientation times. After that, they follow the district schedule on their attendance days. Our district calendar is available on our web-site at www.southeast.k12.oh.us. You'll also receive a calendar for your child's specific classes within your preschool packet.