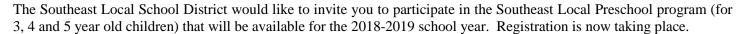
## **Southeast Local Preschool Program**

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

Dear Parents of Preschool Children,



### 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 (prekindergarten certified) and one educational aide

#### **Location:**

• The district preschool is located at Apple Creek Elementary.

PLEASE COMPLETE THE SE	ECTION BELOW & RETURN WITH REGISTRATION				
Child's Name	Age Birthday/ /				
Parent(s) Name	Phone Number:				
NOTE: to register your child in the 4/5	year old program, they MUST turn 4 years old by August 1 <sup>st</sup> !				
Class for 3 year old children:Tuesday/Thursday / 9:15 - 1					
Monday/Wednesday/Friday ~ Transportation is available for student	Comparison of the Apple Creek Elementary bus routes and are ES /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 ha	we a certain Session				
	t day of each month, an additional \$25.00 will be added as a late fee.  tte, child cannot attend classes until the month is paid in full (including late fee).				

(Financial assistance available for families with limited income)

The preschool classes will begin on the first day of school for all students in the district (if your child would normally attend on that day) and will follow the school calendar year. Our district calendar for 2018-2019 is available on our website at www.southeast.k12.oh.us

Children must be four years old on or before August 1<sup>st</sup> (for 4-5 year old program), and three years old on or before August 1<sup>st</sup> for 3 year old program to enroll at the beginning of the school year. If your child is not 3 by August 1<sup>st</sup>, and you would like to enroll them <u>during</u> the school year when they turn of age, you may enroll them <u>if</u> there is an opening at that time. Early entry to preschool will <u>not</u> 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.

Registration is now open. 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.

If you are interested in this high quality preschool experience for your child, please complete the attached registration form and return 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.

# SOUTHEAST LOCAL SCHOOLS STUDENT REGISTRATION FORM

Updated 2-2-17

Apple Creek l	Elementary	dericksburg	Elementary  Holn	nesville Elementary	☐ Mt. Eaton Elementary		
□ PRESCHOO	<mark>L</mark>	☐ John R.	Lea Middle School	■Waynedal	e High School		
Student Name:							
Address:	(Last)		(First)		(Middle)		
Stre	et Number				P.O. Box #		
			Zip:		(M or F)		
				/			
Date of Birth:	/	Place of B	Sirth:	(City)	(State)		
	c / Latino Origin? _				(State)		
Race: ~ Check any White American In	o <b>that apply:</b> adian or Alaska Nati		Black or African A		Asian		
	ther Relationship: _						
Father's Name:  Father or Step-father			Mother's	Name:Mother			
	Father or Step-fa	ither					
					_		
Father's Employer:							
Work Telephone N	umber:		Work Te	lephone Number:			
Brothers:# Young	rs:/ Sisters:/ School District child liv						
Is the student residi	ing with both parent	s?Yes	No				
•	•		rFather _ d custody decree b	Co-Custody e presented at the t	ime of enrollment.		
Please circle the co	unty in which parer	at lives: 38-	Holmes 8	35-Wayne	76-Stark		
Last school attende	ed:						
School Address: Last date attended   Does your child red	previous school:	vices? (Snee	Cause of	change:	No		
Facts concerning t	the child's medical	history incl	uding allergies, medi	cation currently beir	ng taken, any physical		
PRESCHOOL PA I fully intend to en to the best of my a	RENT/GUARDIA nroll my child in th bility. Signature o	N SIGNAT e program a f parent/gua	URE: and agree to comply vardian		gulations of the program 's date:		
For Office Us							
				Homeroom #			
Entered:	Sent for rec	ords.	Records Rece	ived:	Career Center:		