

Barnesville Preschool's hours of operation are Monday through Thursday 7:45 a.m. to 3:00 p.m. We provide three morning and two afternoon classes. We do not offer services in the evening or on weekends. Barnesville preschool reserves the right to place students in classes at our discretion.





**BARNESVILLE EXEMPTED
VILLAGE SCHOOL DISTRICT
PRESCHOOL REGISTRATION FORM**

STUDENT INFORMATION

Student Name:

First Middle Last

Gender _____ Birth Date _____ Birth City _____ Age _____

“Native” or first Language of the student _____ US Citizenship ___ Yes ___ No

Address of Residence _____

Mailing Address (If Different) _____

Home Phone Number (Landline) _____

Mom’s Cellular Number _____

Dad’s Cellular Number _____

SHOULD YOUR ADDRESS OR PHONE NUMBER CHANGE, PLEASE NOTIFY THE SCHOOL.

Mother’s **Maiden Name** _____

Is this student Hispanic/Latino? ___ Yes ___ No

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Which of the following five racial groups applies to the student? Check all that apply:

- ____ **American Indian or Alaska Native** – persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- ____ **Asian** – Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, For example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ____ **Black or African American** – Persons having origins in any of the black racial groups in Africa.
- ____ **Native Hawaiian or Other Pacific Islander** – Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ____ **White** – People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.

It is Ohio state law that residential parents provide a certified copy of any child custody order or decree which has been issued with respect to the student as well as provides the board with certified copies of any later court orders which modify the original custody order or decree.

(Ohio Revised Code 3313.672(B))

- Child lives with BOTH legally married natural parents.
- Child lives with BOTH unmarried natural parents.
- Child lives with mother. Mother has never been legally married to the child’s biological father.
- Child lives with biological father who was not legally married to mother. Father has established paternity and been granted custody by court order. A copy of this court order must be presented.
- Parents are divorced or legally separated. Child lives with the parent who was granted legal custody by court order. A copy of this order must be presented.
- Parents are divorced or legally separated and have shared parenting. A copy of this shared plan must be presented.
- Parents are legally married and not living together. Child lives with _____.
- Child lives with neither natural parents but lives with a guardian who has been granted custody by court order. A copy of this court order must be provided.
- Child lives with foster parents.
Agency/Social Worker _____ Phone Number _____
- Other (explain) _____

(Please continue on other side)

PARENT/LEGAL GUARDIAN INFORMATION

Lives with student

Relationship to student: Mother Father Grandparent Legal Guardian Foster Parent

First Name

Last Name

Home Phone _____ Cell Phone _____ Email _____

Lives with student

Relationship to student: Mother Father Foster Parent Legal Guardian
 Stepmother Stepfather Other

First name

Last Name

Home Phone _____ Cell Phone _____ Email _____

DOES NOT live with student

Relationship to student: Non-Custodial parent (father) Non-Custodial parent (mother)

First Name

Last Name

Address _____

Home Phone _____ Cell Phone _____ Email _____

Has your child attended preschool anywhere in the past? _____ If yes, where? _____

Is this child requesting to attend Barnesville Schools through open-enrollment? _____ If yes, what is your home school district?

Parent/Guardian Signature _____ Date _____

BARNESVILLE EXEMPTED VILLAGE SCHOOL DISTRICT

Administration Office



In order to improve the accuracy of reporting for grant purposes, please complete the information listed below and return this form to your child's teacher.

If you have questions email or call:

Gail Thomas

Email: gail.thomas@omeresas.net
Work: 740-685-3113

Teresa Harshbarger

Email: teresa.harshbarger@omeresas.net
Work: 740-439-3558

Full Name of Child (Please Print) _____

Grade Level _____

School Building (**circle one**): **BES (Gr. K-4)** **BMS (Gr. 5-8)** **BHS (Gr. 9-12)**

Please **check ALL** items below that describe your child's primary night-time residence.

_____ lives with parent(s)/legal guardian in a residence owned or rented in the Barnesville EVSD, or open-enrollment district.

_____ is a foreign exchange student.

_____ stays in a shelter, church or emergency housing.

_____ lives with parent(s)/legal guardian in a residence owned or rented by relatives/friends due to economic hardship or other similar situation (i.e. family is living with grandparents or friend).

_____ stays in a car, a park, or at a campground.

_____ stays in a hotel/motel.

_____ stays in a bus/train station, or abandoned building, or a place not designed for or ordinarily used as regular sleeping accommodations.

Write the number of children you have in the following age/grade level groups:

Birth-2 Age 3-5 K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

If you have a child/children in the 3-5 age group, please mark "yes" if they attend preschool. Mark "no" if they do not. If your child is 5 years old and attends kindergarten, list them under "K" above.

_____ Yes, my 3-5 year old attends preschool.

_____ No, my 3-5 year old does not attend preschool.

Thank-you!

Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

Student Name: <i>(First Name and Last Name)</i> _____		Student Date of Birth: <i>(mm/dd/yyyy)</i> _____
<p>Communication Preferences Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.</p>	<p>1. In what language(s) would your family prefer to communicate with the school? _____</p>	
<p>Language Background Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What languages are used in your home? _____</p>	
<p>Prior Education Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.</p>	<p>5. In what country was your child born? _____</p> <p>6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how many years/months? _____</p> <p>If yes, what was the language of instruction? _____</p> <p>7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when did your child first attend a school in the United States? _____/_____/_____ Month Day Year</p>	
<p>Additional Information Please share additional information to help us understand your child's language experiences and educational background.</p>		
Parent/Guardian First Name: _____		Parent/Guardian Last Name: _____
Parent/Guardian Signature: _____		Today's Date: <i>(mm/dd/yyyy)</i> _____

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/el/resources.html>



(Appendix A, continued)

COMPLETED BY SCHOOL EMPLOYEE

1. **Check.** Confirm the following statements related to the administration of Ohio's language usage survey:

- The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey only is used to understand students' linguistic experiences and educational background.
- The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
- For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
- Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the Language Usage Survey Annotations on page 2 for item-specific guidance.

Student's native language <small>See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</small>	<hr style="border: 0; border-top: 1px solid black;"/>
Student's home language <small>See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</small>	<hr style="border: 0; border-top: 1px solid black;"/>
Potential English learner <small>See Language Usage Survey Questions 2-4.</small>	<input type="checkbox"/> Yes. Assess the student's English proficiency. <input type="checkbox"/> No. Do not assess the student's English proficiency.
Immigrant student status <small>See Language Usage Survey Questions 6-7. Report for <u>all</u> students in EMIS.</small>	<input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.

4. **Validate.** Complete the information below.

Signature of validating school employee

Date (mm/dd/yyyy)

Printed name of validating school employee

Name of school or school district

What is the child currently doing?

Please check **ONE** box in each section that most closely describes what the child is doing now.

Method Used: (√)

Observation

Structured Interview

Name of Child: _____

Name and Title of Person Completing Form: _____

Eating

- Needs to be fed
- Picks up food and eats with fingers
- Feeds self with spoon
- Eats and drinks independently

Dressing

- Needs to be dressed
- Removes small articles of clothing
- Puts on some clothes such as socks, shirt, and/or pants
- Dresses self except shoes

Toileting

- Wears diapers
- Uses potty with help or with reminders
- Independent

Attention

- Needs constant attention/supervision
- Occupies self with toys for 10 or more minutes
- Attends to small group activity for 10 or more minutes

Receptive Communication

- Does not appear to understand words
- Shows understanding of several words (e.g., “mommy” “pop”)
- Can follow simple directions such as “Give Daddy the ball”

Expressive Communication

- Uses gestures and/or sounds
- Says at least 10 words you can understand
- Says two or three words together
- Can carry on a simple conversation
- Repeats easy rhymes/jingles
- Can be understood by people not familiar with his/her speech

Hearing

- Does not respond regularly to sounds
- Looks at or reacts correctly to sources of sounds (looks at phone when it rings, looks out the window when a truck passes, turns when name is called)
- Responds to simple direction when name is called

Cognitive

- Looks for toy or person who is out of sight
- Shows understanding of how things work by turning things on/off, activating a variety of toys or directing adults to do so
- Sorts toys or objects by at least one feature (e.g., color, size, shape)
- Counts to four and names two or three colors

Fine Motor

- Needs help to pick up small pieces of food or small toys
- Independently picks up small toys and transfers from hand to hand
- Scribbles on paper
- Draws some recognizable shapes/pictures

Play

- Needs stimulation to be provided by another person
- Holds and manipulates toys (e.g., shakes, chews, bangs)
- Uses some toys and objects appropriately (e.g., pushes truck, rocks baby, uses brush to brush hair)
- Uses imagination to play (e.g., pretends to cook dinner, pretends to be Mommy going to work, dresses like Daddy)

Gross Motor

- Needs to be carried or moved by another person
- Crawls
- Walks holding onto furniture
- Walks independently
- Demonstrates balance and coordination (e.g., jump/hop)

Vision

- Does not show recognition of people or objects by sight
- Recognizes familiar people and toys, locates familiar objects in the house (e.g., shoes, tooth brush, TV)
- Points to and names things and people in pictures

Social

- Shows little response to other people
- Enjoys frolic play, peek-a-boo, pat-a-cake
- Plays along side other children (parallel play)
- Sometimes shares toys and cooperates in play
- Takes turns in simple games

What concerns are there about this child?

Information supplied by: Parent Teacher Other (specify): _____

Please check area(s) which are of concern:

- Eating Dressing Toileting Attention Receptive Communication
- Expressive Communication Hearing Cognitive Fine Motor
- Play Gross Motor Vision Social/Emotional Behavior

For each areas that is checked above, please explain why this is a concern by describing:

1. What the child is/is not doing:

2. How this behavior interferes with the child's typical daily routines:

3. How long this concern has been observed/evident:

Describe the things that have been done (interventions) to address the concerns listed above:

Medical History

1. Who is the child's regular physician? _____
2. When was the child's last physical examination? _____
3. The child's birth followed a full-term pregnancy with no complication prior to or immediately following the delivery. Yes No (if no, please describe)
4. Parents and medical records indicate a history of significant health concerns, major childhood illnesses/disease, or diagnosed syndromes. No Yes (if yes, please describe)
5. The child takes medication of a regular basis. No Yes (if yes, please describe)
6. The child has food or environmental allergies. No Yes (if yes, please describe)
7. The child has adaptive or medical needs (i.e., glasses, hearing aides, walkers, leg braces, wheelchair, specialized seating, prone stander, feeding tube, dietary restrictions, catheter, shunt, etc.) No Yes (if yes, please describe)
8. The child has vision within normal limits. Yes (provide documentation)
No (provide documentation)
9. The child's hearing is within normal limits Yes (provide documentation)
No (provide documentation)
10. Other significant health/nutrition issues not covered in the previous questions:

11. The child has participated in therapy (e.g., speech-language, occupational therapy, physical therapy, orientation and mobility, etc.)

No Yes

If **Yes**, please provide dates of therapy, contact person, address, and phone number:

12. The child has participated in Early Intervention No Yes

If **Yes**, provide dates of service, contact person, address, and phone:

13. The child has attended (is attending) a childcare, preschool, or Head Start Program.

No Yes

If **Yes**, provide dates of attendance, contact person, address, and phone:

Preschool Registration Requirements

Name of Student _____

_____ Birth Certificate

_____ Immunization Record

_____ Social Security Card

_____ Parent ID

_____ Proof of Residency

_____ Registration Form

_____ Child Development Survey

_____ Custody Papers

_____ Proof of Income

_____ Family Income

_____ Free _____ \$25.00 _____ \$100.00

How many in the family? _____

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			Today's Date
City	State	County	Zip Code
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					
		<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					

Tell us about your needs for your child(ren)

Child 1	Provider Name and Address	Child's Needs	What hours/days do you need services? (i.e. child care or preschool) <i>Check all that apply</i>
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<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			
Child 2	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<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			
Child 3	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<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			

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 _____
					<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 _____