

Please return completed application to:

MOESC Preschool Office  
890 West Fourth Street  
Mansfield, OH 44906

Mid-Ohio Preschool



Crawford • Morrow • Richland

## Application Form

### Office Use Only:

Date/time received \_\_\_\_\_

Received by \_\_\_\_\_

Screening date \_\_\_\_\_

Admittance date \_\_\_\_\_

Enrollment date \_\_\_\_\_

Class \_\_\_\_\_

Medical form on file \_\_\_\_\_

Transportation form on file \_\_\_\_\_

Today's Date: \_\_\_\_\_

Registration for the 20\_\_ - 20\_\_ school year

### Student Information:

Child's last name \_\_\_\_\_ Child's middle name \_\_\_\_\_ Child's first name \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security number \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Child's primary home address \_\_\_\_\_

Home phone number \_\_\_\_\_ Contact number \_\_\_\_\_

School District \_\_\_\_\_ Mother's maiden name \_\_\_\_\_ Birth City \_\_\_\_\_

Schedule Preference:  AM  PM  No Preference

### Parent/Guardian Information:

1) Last name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

2) Last name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Siblings:

Name	Gender	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Household Members:

Name	Relationship to Child	Age
_____	_____	_____
_____	_____	_____

Other Household Information:

Parent's Marital Status:  Married  Separated  Divorced  Single  Widowed

Is there a divorce or custody situation that we should be aware of?  YES  NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Please list any other household situation that our staff should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide a security code for your child in case another person picks him/her up from preschool. It will be your responsibility to give the code to that person. The child will not be released without this information.**

**CODE WORD** \_\_\_\_\_

How does your child get along with other children?  Excellent  Good  Fair  Poor  Unsure

What other group experience has your child had? (check all that apply)

None  Preschool/Headstart  Daycare  Early Intervention  Sunday School  Other \_\_\_\_\_

Is your child currently or previously been on an IEP or IFSP?  YES  NO

If yes, when? \_\_\_\_\_ where? \_\_\_\_\_

Does your child have any ongoing health conditions or problems?  YES  NO

If yes, please explain: \_\_\_\_\_

Does your child have any physical handicap/impairment?  YES  NO

If so, please explain: \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Does your child take any medications *\*\*other than over-the-counter medications\*\**?  YES  NO

If so, please list name of medication (s) and reason for taking: \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies?  YES  NO

If so, list allergies and typical reaction to them: \_\_\_\_\_

Is your child receiving any professional treatment?  YES  NO

If so, please explain: \_\_\_\_\_

Please provide any additional information you feel will help us meet your child's needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you willing to help or volunteer in any way?  YES  NO

**Preschool Screening Authorization:**

I/We \_\_\_\_\_ give Mid-Ohio Preschool permission  
PRINT NAME

to administer appropriate screenings. These will include, but are not limited to, assessing basic developmental skills, speech/language, hearing, and vision.

Agree to Preschool Screenings:  YES  NO

The information provided on this application form is complete and true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_