

420 Washington Avenue
Cuyahoga Falls, OH 44221
Tel: (330) 945-5600
Fax: (330) 945-6222
SummitESC.org



Welcome to the Summit Preschool Program!

We are looking forward to working with your child this upcoming school year! Attached is the Registration Packet. **All forms must be completed before your child's first day in the program.** Completed packets can be mailed, faxed or emailed (brandiek@summitesc.org).

Registration Checklist:

Registration

Emergency Information & Transport

Permission

School Health Information

Photography, Media & Roster

Permission

Medical Statement

Dental Statement

Family Information

Individual Transportation Plan *

Income Verification Forms (3 pages)

Current W2

Current Proof of Residency

- Mortgage Statement, or
- Rental/Lease Agreement, or
- Utility Bill (Electric, Gas or Water)

*Transportation is provided based on district policies. If you know your child is provided district transportation, please complete the individual transportation plan form. If you have specific questions regarding transportation, call the preschool office.

Tuition agreements and other applicable documents will be sent later at a later date.

If you have any questions, please call the preschool office at 330-945-5600.

Summit Preschool Registration



Student's Name _____			
Last	First	Middle	
City of Birth _____		Date of Birth _____	
Social Security # _____		District of Residence _____	
Student Address _____		Home Phone _____	
Street address			
		Gender	
City		Zip code	Male Female
Is the student of Hispanic/Latino heritage? Yes No If NO , you may check all applicable boxes below			
White(non-Hispanic)		Black/ African American	
Native Hawaiian or other Pacific Islander		Native American/ Alaskan Native	
		Asian	

Parent Name _____		DOB _____	
Address _____		Race _____	
(Only If different from Student)			
		Phone # _____	
City			
Email _____		Work # _____	

Parent Name _____		DOB _____	
Address _____		Race _____	
(Only If different from Student)			
		Phone # _____	
City			
Email _____		Work # _____	

Is student residing with both parents? Yes No If NO, who is legal custody vested in?			
____ Mother	____ Father	____ Co-Custody	____ Other _____

IT IS STATE LAW THAT A CERTIFIED COPY OF THE COURT ORDERED CUSTODY DECREE BE PRESENTED AT THE TIME OF ENROLLMENT , OR WHEN ANY CHANGE IS MADE PERTAINING TO CUSTODY

If student is not residing with natural or adoptive parent(s), complete the following:			
Guardian/Custodian _____			
Relationship: _____		Home Phone _____	
Address: _____		Work Phone _____	

Parents: Please answer all the following questions

1. What language did your child first speak when he/she learned to talk? _____
2. What language does your child use most often at home? _____
3. What language do you use most often with your child? _____
4. What language do the adults most often speak at home?
 Mother _____ Father _____ Relatives _____
5. How long has your child attended school in the U.S.? Years _____ Months _____
6. Check your child's dietary needs:

No Restrictions
Vegetarian
No Pork Products

Parent Signature _____ Date _____

Summit Preschool Emergency Information & Transport Permission



Student Full Name _____		Date of Birth _____	
Medical and Dental Information:			
Doctor/Physician		Dentist	
Doctor Name _____	Dentist Name _____		
Address _____	Address _____		
City _____	City _____		
Phone _____	Phone _____		
Allergy & Medication Information:			
Allergies: NO			
YES: please list all allergies _____			
Reactions/Recommended treatment if severe: _____			
Medications: Yes No			
Describe below medicine your child takes regularly:			
Name of medication: _____		Name of medication: _____	
taken for: _____		taken for: _____	
how often: _____		how often: _____	
at what time: _____		at what time: _____	

Emergency Contact Names & Phone Numbers

Parent Name _____	Phone # _____	
Parent Name _____	Phone # _____	
Emergency Contact Name #1 <small>(Other than the parent)</small>	Phone # _____	
Address _____	Relationship to child _____	
Emergency Contact Name #2 <small>(Other than the parent)</small>	Phone # _____	
Address _____	Relationship to child _____	
HEALTH CONDITIONS: Please check any that your child has had		
Allergies	Anaphylactic reaction	Asthma or Wheezing
ADD/ADHD	Behavior/Emotional concerns	Birth/congenital malformations
Blood problems	Bone/joint problems	Bowel problems/constipation
Cancer	Chickenpox	Cystic Fibrosis
Diabetes	Ear Problems/poor hearing	Eye problems/poor vision
Frequent headaches	Frequent sore throats	Feeding concerns-swallowing
Heart Disease	Hepatitis	Juvenile Arthritis
Kidney disease	Lice concerns	Meningitis/Encephalitis
Seizures/Epilepsy	Toothaches/dental	Urinary tract infections

Permission to Transport in Emergency

<p>YES, I give permission to Transport Summit Preschool has Permission to secure emergency transport for my child in the event of illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.</p> <p>No, I DO NOT give permission to Transport Summit Preschool DOES NOT have Permission to secure emergency transport for my child in the event of illness or injury which requires emergency treatment. Take the following action instead:</p>	
<p>Parent Signature _____</p>	<p>Date _____</p>

*Emergency contacts must be available and willing to pick up your child if we are unable to reach you in the event of an emergency. They must have reliable transportation and booster/safety seat.

Summit Preschool School Health Information

(completed by Parent)



Student Full Name _____	Date of Birth _____	
Does your family have Medical Insurance?	Yes	No
Does your family have Dental Insurance?	Yes	No
Are you in need of Community Services? (Food/Clothing /Medical assistance)	Yes	No
Does your child need special assistance at school?	Yes	No
If yes, Explain:		

Rule 3301-37-07 of the State of Ohio Administrative code specifies the requirements for administrating medication to children in preschool programs in a public school. A separate form must be completed. This form must be completed for each medication and a log kept of all dispensing or applications.

Does your child require any of the following medications?
Inhaler EpiPen Diabetic supplies Seizure medication
Other than listed above, does your child require other ongoing/ routine medical care or medication?
No Yes, explain _____
If so, that indicates your child may require an Emergency medication during the day. An Emergency Medical Action Plan is required from your child's Doctor.

If your child must take medication at school, please request a Medication Authorization form to be completed by you and your child's physician.

Does or has your child had tubes in their ears?	Yes	No
If yes, please explain (how many and date)		
Does your child wear glasses?	Yes	No
Do you have any developmental concerns for your child?	Yes	No
If yes, please explain:		

Additional comments:
Please add any comments or concerns you have about your child's health, development, behavior, family, or home life that you would like the school to be aware of.

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If you have questions about your child's health, or community services that may be available to you please contact the preschool office and ask for the school nurse.

Parent Signature _____	Date _____
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Summit Preschool Photography, Media, and Roster Permission



Student's Name

Last

First

School District

Photo Permissions

During the school year, photographs and videos may be taken of school activities and events. These photos may be published to our website, posted on social media sites or shared in newsletters. We would appreciate your permission to take pictures and/or videos of your child. Please check below where permission is granted.

I give Photo permissions: (select below, if nothing is checked all permission will be assumed)

To use in the preschool classroom

To use on individual classroom social sites (Class DOJO, Class Tag, Class Facebook page, etc.)

To use on Summit ESC Social media or website to highlight school events or recognition

To use for assessment or placement

To release to outside media such as newspaper or use at a professional conference

For security purposes student names will not be posted without consent.

I DO NOT give the Summit Preschool permission to take photographs and/or videos of my child within the preschool program.

Roster Permissions

According to Revised Code 3301.37 the Summit Preschool must prepare a roster of names and phone numbers of children and make this available to parents upon request. We will only distribute the roster of your child's class upon written request of a parent. We will ensure that this roster will not be furnished to anyone other than a parent and that only children with signed consent are included on the roster.

Please indicate your preference about being included on the roster.

I give permission for my child's name, Parent names, telephone number and Email to be included on the class roster.

or

I give permission for my child's name only to be included on the class roster.

or

I DO NOT give permission for my child's information to be included on the class roster.

Permission to Release

We understand instances arise in which parents may not be able to pick up their child from school or greet their child at the bus stop if school transportation is provided. These individuals will need to provide photo identification and if transporting, a car seat or booster seat is required. Please list the individuals your child may be released to.

Full name of person allowed to pick up

Relationship to Child

Medical and Developmental Screenings

In alignment with requirements by ODE and ODJFS, Summit Preschool requires annual medical and dental examinations be completed by a healthcare professional. During the school year, the preschool program will complete vision and hearing screenings. A developmental screening will be completed by your child's classroom teacher. All screenings must be completed within in the first 60 days of your child's start date.

Please sign acknowledging your choices as outlined above and your agreement to our practices and guidelines.

Parent Signature

Date

Summit Preschool Medical Statement (Continued, Page 2)



Student Full Name _____ Date of Birth _____

Immunization Record: (Please Fill in or attach printed copy)

Vaccine	Date (Month/Year)				
DPT					
Polio					
MMR					
Hepatitis A					
Hepatitis B					
Varicella					
HIB					
Pneumococcal					
Influenza (flu)					
Other:					

Summit Preschool Dental Statement

(to be completed by a Dentist or Physician)

Return to: 420 Washington Ave. Cuyahoga Falls, Ohio 44221

Phone: 330-945-5600 Fax 330-945-6222



Student Full Name _____	Date of Birth _____	
Date of Exam _____		
Please mark all diagnostic and preventive services performed during visit:		
Examination	Yes	No
Cleaning	Yes	No
Fluoride	Yes	No
X-ray	Yes	No
Treatment (extractions, restoration, etc.)	Yes	No
If yes, explain		

Does the child require further treatment?	Yes	No
If yes, next appointment date:		
Does the child have any problems with his/her teeth, gums or mouth?	Yes	No
If yes, explain:		

Name of Dentist _____	
Name of Practice _____	
Phone Number _____	
Street Address _____	
City, State, and Zip code _____	
Dentist or Physician Signature _____	Date _____

Summit Preschool

Family Information For Step Up To Quality (SUTQ)



Child's Name			
Last	First	Child's Nickname (if Any)	
Our goal is to create a positive experience for your child at preschool. Please list any information you feel will be helpful for the classroom staff to know about your child.			
Tell us about your family dynamic. Who lives in your household? Do you have pets? (Please list names and relationship)			
Are there any cultural or religious practices of your family we should be aware of? (dietary restrictions, clothing, head covering, etc.)			
Are there any changes or transitions that your child has experienced or is experiencing? (ex. moved from crib to bed, divorce, new home, death of a family member, friend, or pet?) Yes No Additional details:			
Please mark all the words that best describe your child's personality and behavior:			
Active	Cheerful	Happy	Prefers adult attention
Adventurous	Content	Hesitant	Quite
Affectionate	Creative	Insecure	Sensitive
Anxious	Curious	Jealous	Serious
Bossy	Easily- angered	Likes Structure/Routines	Shares- well
Bright	Emotional	Loud	Social
Busy	Energetic	Loving	Spontaneous
Calm	Friendly	Mellow	Stubborn
Cautious	Give-in-easily	Outgoing	Tentative
What are your expectations of the program?			
What other information would be helpful for classroom staff to know?			
Parent/Guardian Signature			Date

Summit Preschool Income Verification for EMIS



Student's full Name: _____ Date of Birth: _____ Today's Date: _____

Parent Name: _____ School District _____ Peer IEP _____

Attached is the current w2 for the household

We are required to report information regarding poverty level to the Ohio Department of Education to be used to understand other factors that may affect the education of students. We are asking you to fill out this form so that we can comply with this request. You may also choose not to disclose your income at this time by checking item V. Failure to disclose income will result in being charged full tuition.

I. Please attach a copy of verification of your monthly or yearly income (current tax return).
 II. Number of People in my family is Total # _____ Adults _____ Children _____
 III. Indicate your combined family income level (before deductions) and complete the entire form below.
 IV. For family units with more than 8 members, add additional \$4,420 for each additional family member.
 V. *I do not wish to disclose my income at this time.*

Signature _____

Please check between income range across from the number of family members in your household in which your income falls.

	A		B		C	
Family Size	0%	100%	101%	125%	126%	150%
2	0.00	\$17,420	\$17,421	\$21,775	\$21,776	\$26,130
3	0.00	\$21,960	\$21,961	\$27,450	\$27,451	\$32,940
4	0.00	\$26,500	\$26,501	\$33,125	\$33,126	\$39,750
5	0.00	\$31,040	\$31,041	\$38,800	\$38,801	\$46,560
6	0.00	\$35,580	\$35,581	\$44,475	\$44,476	\$53,370
7	0.00	\$40,120	\$40,121	\$50,150	\$50,151	\$60,180
8	0.00	\$44,600	\$44,601	\$55,750	\$55,751	\$66,900
Tuition Cost	Free		\$510.00		\$510.00	

	D		E		G	
Family Size	151%	175%	176%	185%	> 200%	
2	\$26,131	\$30,485	\$29,594	\$32,227	\$32,228	\$34,840
3	\$32,941	\$38,430	\$37,329	\$40,626	\$40,627	\$43,920
4	\$39,751	\$46,375	\$45,064	\$49,025	\$49,026	\$53,000
5	\$46,561	\$54,320	\$52,799	\$57,424	\$57,425	\$62,080
6	\$53,371	\$62,265	\$60,534	\$65,823	\$65,824	\$71,160
7	\$60,181	\$70,210	\$68,269	\$74,222	\$74,223	\$80,240
8	\$66,901	\$78,050	\$76,004	\$82,510	\$82,511	\$89,200
Tuition Cost	\$890.00		\$890.00		\$1,280.00	

Signature of Parent



Summit Preschool Income Verification Worksheet for EMIS

Child's full name as it appears on birth certificate					
Family size	Total #	Adults		Children	
_____	_____	_____	_____	_____	_____
Source of Income		Mother	Father	Frequency (weekly, monthly, yearly)	
Self –Employment	_____	_____	_____	_____	
Employment	_____	_____	_____	_____	
Military	_____	_____	_____	_____	
Other Income:					
Social Security	_____	_____	_____	_____	
Unemployment	_____	_____	_____	_____	
Alimony	_____	_____	_____	_____	
OWF Cash	_____	_____	_____	_____	
	Family member	Amount	Frequency (weekly, monthly, yearly)		
SSI	_____	_____	_____		
Stipend	_____	_____	_____		
	_____	_____	_____		
	_____	_____	_____		
Child Support	Child name	Amount \$	Paid	Received	Frequency
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Documents Received: (office use only)

Mother

Pay Stub	W-2	1040	Agency Letter
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Father

Pay Stub	W-2	1040	Agency Letter
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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 any income.

I/We have been meeting our basic needs in the following way:

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 _____