MAUMEE CITY SCHOOLS

Administration Office & Board of Education

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Included in this download you will find the following documents:

- Enrollment Checklist - a list of required enrollment documents
- School History Record
- Child Medical Statement
- Dental Form
- Income Report Form

You may choose to complete enrollment with a face-to-face appointment or by sending the required documents electronically.

COMPLETING ENROLLMENT ELECTRONICALLY

Please review the Enrollment Checklist for documents required to complete enrollment. When you are able to secure all the required documents please email to:

sadkins@maumeek12.org

Documents may be scanned or a photo taken with your phone.

An email will be sent to you indicating receipt of all required documents and confirming the enrollment is complete.

If you have any questions please email sadkins@maumeek12.org or call 419-893-3200 x10219.

FACE-TO-FACE ENROLLMENT APPOINTMENTS

If you have completed the online enrollment form and scheduled an enrollment appointment using the online calendar please bring required documents to the enrollment appointment.

If you need to schedule an appointment please contact Sue Adkins at 419-893-3200 x10219 or email sadkins@maumeek12.org

All enrollment appointments are held at the administration offices, 716 Askin St, Maumee.

PRESCHOOL

Enrollment/Registration Checklist

Please review carefully!

The following items must be present at the enrollment/registration appointment:

- ☐ Child's birth certificate (original)
- ☐ Parent/guardian's picture ID
- ☐ Proof of Residency
  - Either a current lease or deed **AND** original utility bill dated within the last 30 days
- ☐ Custody papers
  - If applicable, must be the entire court-stamped document
- ☐ Health and School History form
- ☐ Medical form
  - Must be completed by a physician, valid for 13 months after examination
  - Immunizations provided by physician, w/physician's signature.
- ☐ Dental form
  - Must be completed by a dentist, valid for 13 months after examination
- ☐ Income report form
  - Complete if applying for tuition reduction. Proof of income is required.

School History Record

Does your child attend another child care center in addition to ours? Yes _____ No _____

If so, how many hours per week? _____

Has your child ever been in a special school or class because of physical condition or health reason?

Yes____ No ____ Explain _____

Do you feel there are any characteristics relating to the personality of your child that would help the teacher or nurse better understand your child? _____

Nutrition

Does your child eat breakfast?..... Yes ___ No ___

Does your child eat lunch at .. Home? ___ School ___ Elsewhere ___

How much milk does your child drink daily? _____

Check any other beverages your child drinks daily:

Juice_____ Water_____ Other_____

Does your child have any food allergies, ethnic or religious restrictions or a special diet?

_____

Health History

1. List any medication allergies: _____
2. List any medication your child takes: _____

   _____
3. List any chronic health problems, diseases or any history of hospitalization: _____

   _____

   _____

Annual Class Roster

Each year we prepare a roster for each group of children in our program. This roster will not be furnished to any persons other than parents of children enrolled in our program.

I authorize my child's name, my name, and phone number to be listed on the parent roster:

Yes _____ No _____ Parent signature: _____

Photo Permission

Pictures are taken of your child to use within classroom activities. Sometimes newspapers or organizations like to do stories and displays about our children. Please check if we have your permission to use your child's picture in connection with Early Childhood/ESC of Lake Erie West activities.

Yes _____ No _____ Parent signature: _____

Office of Early Learning and School Readiness

Child Medical Statement

Childs' Name_____ Date of Birth_____

Height _____ Weight_____

Limitations or health condition (including allergies, medications, dietary restrictions)

Immunizations	**Please circle one**	
Complete for age	Yes	No
In Process	Yes	No

Exempt from Immunizations	**Please circle one**	
Religious conviction	Yes	No
Health concern	Yes	No
Other:		

This child has been examined and is in suitable condition to participate in group care

Signature of examining Physician/ Physicians Assistant or Advanced Practice Nurse (circle one) Address : Phone:	Date of exam

Required for children enrolled in an Early Childhood Education Grant Program or Preschool Special Education Program				Reason not completed (Check which applies)	
Assessments/Screenings	Completed **Please circle one**		Date Completed	Health professional decision	Examples: religious conviction, insurance coverage, other
Vision	Yes	No			
Hearing	Yes	No			
Dental	Yes	No			
Lead	Yes	No			
Hemoglobin	Yes	No			

Educational Service Center of Lake Erie West

Early Childhood Dental Form

Child's Name _____ Date of Birth _____

Address _____

Parent/Guardian Name _____

Dental Examination

Oral Hygiene

1. Excellent.....0
2. Average.....0
3. Poor—reviewed home care.....0

Prophylaxis **Date**

1. Exam _____
2. Fluoride _____
3. X-rays _____

Recommendations following examination

1. Treatment necessary.....0
2. Treatment completed.....0
3. No treatment necessary.....0
4. Treatment not completed.....0

Remarks

_____

_____

Dentist Name _____

Signature _____

Address _____

Phone and fax number _____

Medical and dental forms are valid for 13 months after the date of examination. This form may need to be updated during the school year.

Ohio Department of Job and Family Services
Ohio Department of Education

EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

How do I apply for Early Childhood Education Services?

You will need to:

1. Complete the screening tool.
2. Do not submit to the Ohio Department of Education.
3. Submit this form to your provider.

How do I apply for Publicly Funded Child Care?

You will need to:

1. Complete the screening tool, JFS 01121.
2. Complete the JFS 01122 Publicly Funded Child Care Supplemental Application.
3. Submit both the JFS 01121 and JFS 01122 to your local county agency.
4. Attach verifications to the JFS 01122 (see verification requirements below).

How do I complete this application?

1. **Fill out this application:** Answer as many questions as you can.
2. **Be sure to sign the application.**

When will I receive assistance?

ECC: You will be notified by your provider when you may begin care.

Child care: Eligibility for the child care program is based on the date a signed application is submitted to the county agency. Eligibility for this program is determined within 30 days from the earliest date either the JFS 01121 or JFS 01122 is submitted.

What verifications do I need for publicly funded child care?

You will need to:

1. **Submit the JFS 01121 and JFS 01122.**
2. **Provide proof of income:** Verification of all money coming into your household. (such as pay stubs, tax records, award letters, child support)
3. **Proof of any child support paid.**
4. **Proof of citizenship or qualified alien status for children in need of care:** If the county agency verifies that a caretaker receives or has received OWF for a child, verification of citizenship is not required.
5. **Provide proof of a qualifying activity for all caretakers in the household:** Verification of a qualifying activity includes but is not limited to an official school schedule, work schedule, employment verification, self-sufficiency contract, etc.
6. **Provide the name and address of an eligible child care provider chosen for each child in need of care.**

What is Step Up To Quality?

Step Up To Quality was created to help families identify early learning and development programs that go beyond the minimum standards of licensing. Star Rated programs demonstrate higher levels of quality in a variety of ways. Ask your provider if they are participating.

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Ohio Department of Job and Family Services
Ohio Department of Education

EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

*This form is valid only for publicly funded child care when attached to a JFS 01122 Publicly Funded Child Care Supplemental Application

Tell us about you (the applicant)

First Name	Middle Initial	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 *(First, Middle, Last)*	Relationship to You *(spouse, son, friend, etc.)*	Race	Hispanic or Latino *Y or N*	Spoken Language	Date of Birth	Gender *M or F*	U.S. Citizen *Y or N*
	Self	☐ African American ☐ Alaska Native/American Indian ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander					
		☐ African American ☐ Alaska Native/American Indian ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander					
		☐ African American ☐ Alaska Native/American Indian ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander					
		☐ African American ☐ Alaska Native/American Indian ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander					
		☐ African American ☐ Alaska Native/American Indian ☐ Asian ☐ Caucasian ☐ 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) *Check all that apply*
Name		Do you have concerns about your child's growth and/or development? ☐ Yes ☐ No Describe:	☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Mornings ☐ Afternoons ☐ Evenings ☐ 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) *Check all that apply*
Name		Do you have concerns about your child's growth and/or development? ☐ Yes ☐ No Describe:	☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Mornings ☐ Afternoons ☐ Evenings ☐ 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) *Check all that apply*
Name		Do you have concerns about your child's growth and/or development? ☐ Yes ☐ No Describe:	☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Mornings ☐ Afternoons ☐ Evenings ☐ 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)*
					☐ Sun ____ ☐ Thurs ____ ☐ Mon ____ ☐ Fri ____ ☐ Tues ____ ☐ Sat ____ ☐ Wed ____
					☐ Sun ____ ☐ Thurs ____ ☐ Mon ____ ☐ Fri ____ ☐ Tues ____ ☐ Sat ____ ☐ Wed ____
					☐ Sun ____ ☐ Thurs ____ ☐ Mon ____ ☐ Fri ____ ☐ Tues ____ ☐ Sat ____ ☐ Wed ____
					☐ Sun ____ ☐ Thurs ____ ☐ Mon ____ ☐ Fri ____ ☐ Tues ____ ☐ Sat ____ ☐ Wed ____
					☐ Sun ____ ☐ Thurs ____ ☐ Mon ____ ☐ Fri ____ ☐ Tues ____ ☐ Sat ____ ☐ Wed ____

Do you or anyone in your household pay Child or Spousal Support? ☐ Yes ☐ No

How Much?

Signature of Applicant	Date