

**Medina County Career Center**

1101 West Liberty Street

Medina, Ohio 44256

330/725-8461

866/896-6222

**EARLY CHILDHOOD EDUCATION  
PRESCHOOL APPLICATION FORM  
2017-2018 School Year**

<p style="text-align: center;"><b>For Office Use Only</b></p> <p>Date/time Received _____</p> <p>Received by _____</p> <p>Proof of Income _____ Birth Certificate _____</p> <p>Admittance date _____ Enrollment date _____</p> <p>Class _____ Category _____</p> <p>Medical Form on File YES NO</p> <p>Effective Date _____ Expires _____</p>	<p><b>Program of Interest (Please check only one)</b></p> <p><input type="checkbox"/> A.M. (M,T,W,Th) 8:00 a.m.- 11:15 a.m. Must be 4 by your school districts guidelines.</p> <p><input type="checkbox"/> P.M. (M,T,W,Th) 11:15a.m.- 2:30 p.m. Must be 4 by your school districts guidelines.</p> <p><input type="checkbox"/> Full Day (M,T,W,TH) 7:45a.m.-5:00p.m.</p>
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**Child:** Last First Middle

Name: \_\_\_\_\_ Sex: [ M / F ] Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth \_\_\_\_\_

Child's Social Security Number: \_\_\_\_\_ Home School District: \_\_\_\_\_

Does your child have any special needs and/or handicaps?  Yes  No If yes, please explain \_\_\_\_\_

List any known allergies/medical problems \_\_\_\_\_

**Parent Roster: May we include you on our parent roster?**  Yes  No

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

**Mother/Guardian: (Person child lives with)**

Last First Middle

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Company/Employer Name: \_\_\_\_\_

Work Phone #: (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

**Father/Guardian:**

Last First Middle

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address (if different from Parent 1): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell # \_\_\_\_\_

Company/Employer Name: \_\_\_\_\_

Work Phone #: (\_\_\_\_) \_\_\_\_\_ Second Work Phone #: (\_\_\_\_) \_\_\_\_\_

**We need a security code for your child in case another person picks up. It will be your responsibility to give it to this person. The child will not be released without this information.**

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

Family guidelines for determination of fees for sliding fee scale for the **2017-18** school year.  
**Annual Gross Income**

Family size	Level I \$0	Level II	Level III	Level IV	Level V	Level VI	Level VII
2	\$0 – \$16,020	\$14,571 - \$18,212	\$18,213 - \$21,855	\$21,856 - \$25,497	25,498 - \$26,954	\$26,955 – 29,140	\$32,040 and up
3	\$0 - \$20,160	\$18,311– \$22,887	\$22,888- \$27,465	\$27,466 - \$32,042	\$32,043 - \$33,873	\$33,874 – 36,620	\$40,320 and up
4	\$0 - \$24,300	\$22,051 - \$27,562	\$27,563 - \$33,075	\$33,076 - \$38,587	\$38,588 - \$40,792	\$40,793 -44,100	\$48,600 and up
5	\$0 - \$28,440	\$25,791 - \$32,237	\$32,238 - \$38,685	\$38,686- \$45,132	\$45,133 - \$47,711	\$47,712 – 51,580	\$56,880 and up
6	\$0 - \$32,580	\$29,531 - \$36,912	\$36,913 - \$44,295	\$44,296 - \$51,677	51,678-54,630	\$54,631-\$59,060	\$65,160 and up
7	\$0 - \$36,370	\$33,271 - \$41,587	\$41,588 - \$49,905	\$49,906 - \$58,222	\$58,223 – 61,549	\$61,550 – 66,540	\$73,460 and up
8	\$0 - \$40,890	\$37,011 - \$46,262	\$46,263 - \$55,515	\$55,516 - \$64,767	\$64,768 - \$68,468	\$68,469 - \$74,020	\$81,780 and up

For family units with more than 8 members, add \$3,740 for each additional member.

\*If you feel your family would qualify for financial assistance, please complete the following questionnaire and supply proof of income. Please estimate the amounts of income that you and your family (include spouse and children/dependents, if any) receive from the following sources last month:

a. Father's employment \$ \_\_\_\_\_

b. Mother's employment \$ \_\_\_\_\_

c. Your parents/relative/friends who live with you \$ \_\_\_\_\_

d. Alimony \$ \_\_\_\_\_

e. Child support \$ \_\_\_\_\_

f. Welfare: ADC/GA \$ \_\_\_\_\_

g. Social Security benefits \$ \_\_\_\_\_

h. Unemployment benefits \$ \_\_\_\_\_

i. Workers compensation \$ \_\_\_\_\_

j. Interest/dividends/savings/instruments \$ \_\_\_\_\_

k. Other: \_\_\_\_\_ \$ \_\_\_\_\_

**Gross (total) monthly income \$ \_\_\_\_\_**

**Number of persons supported by this income # \_\_\_\_\_**

**Print names of anyone living in this household that was not listed on the first page**

\*Proof of income can be a duplicate copy of last two pay stubs from employed family members, Medicaid card, ADC card, Social Security check stub, income tax return, or some other written form of documentation of your family income. This documentation will be copied and immediately returned to you. You may ask a secretary in the Adult Education office to copy it for you. It must be attached to this form in order to be considered for financial assistance.

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

\_\_\_\_\_  
 Parent Signature

## Child's Name

### Medical Information:

Physician: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Dentist: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Preferred Hospital: \_\_\_\_\_  
 Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

### Emergency Transportation Authorization:

State Law requires that we have written authorization from a child's legal guardian to seek medical help in the event of a medical emergency. Signing the statement of this letter will provide us with that authorization.

Our policy, in the event of a medical emergency is to contact you first. If we can't contact you, we will try to contact any others you may designate. In the event that we are unable to contact you or designated representative(s), or if the medical emergency warrants immediate response, we will act, on your behalf and in the best interests of the child

Authorization Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Parent's Signature: X \_\_\_\_\_  
 Special Instructions (if any): \_\_\_\_\_

**II. Refusal To Grant Permission: Parent's Signature: X \_\_\_\_\_:**  
 What action should be taken? \_\_\_\_\_

### Immunization Dates:

DPT: \_\_\_\_\_  
 Polio: \_\_\_\_\_ \* \_\_\_\_\_  
 MMR: \_\_\_\_\_  
 HIB: \_\_\_\_\_  
 Other: \_\_\_\_\_ Please Specify: \_\_\_\_\_  
 Child Immunizations attached

### Emergency Contact/Authorized Pick-up People: MUST have two additional people other than the parents.

The child will only be released to a designated individual unless prior arrangements are made. If, based on the opinion of the instructor, this individual appears to be impaired, the child will NOT be released.

Contact (1) Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Second Phone #: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Emergency Contact:  Yes  No Authorized to Pick Up:  Yes  No

Contact (2) Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Second Phone #: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Emergency Contact:  Yes  No Authorized to Pick Up:  Yes  No

**Please give your emergency contact person the CODE word for pick up.**

**Child's Name**

<b><u>Names of other Children in the Family:</u></b>	<b><u>Birth Date</u></b>
_____	_____
_____	_____
_____	_____
_____	_____

**Preschool Screening Authorization:**

I/We \_\_\_\_\_  
(Parent/Guardian – Please print name)

give the Medina County Career Center Public Preschool Program permission to administer appropriate screens. These will include but not be limited to assessing basic developmental skills, speech, language, hearing, and vision.

Agree to Preschool Screening:                Yes                                No

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

**X** \_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**MEDIA RELEASE**

I allow for my child's picture to be taken for media purposes related to publicity and or daily/special events for the Medina County Career Center

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Date \_\_\_\_\_

I do not give permission for pictures to be taken of my child.

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Date \_\_\_\_\_