Preschool Registration
for the 2020-2021 School Year

Who: Children who are 3-5 years old by August 1, 2020 and are toilet trained

Dates: March 24 & 26: 9:00 a.m. – 2:00 p.m.
       March 25: 2:00 p.m. – 7:00 p.m.

Location: Kettering Early Childhood Education Center
          2600 Holman Street
          Moraine, OH 45439

Please Bring: ☐ Original Birth Certificate*
              ☐ Immunization Records*
              ☐ Parent/Guardian ID*
              ☐ $20 Processing Fee (cash or check)*
              ☐ Time-stamped Custody Paperwork (if applicable)*
              ☐ Proof of Residency*
                  o Home owners need to bring Mortgage Statement or Deed
                  o Renter or lessee bring Official Signed Rental Agreement
                  o Additionally, everyone must present a current DP&L or Vectren Bill
              ☐ Income Verification (If applying for tuition assistance)

Registration materials will be available online prior to registration week:
www.ketteringschools.org

Preschool Enrollment Questions?
(937) 499-1456
Preschool Registration
for the 2020-2021 School Year

The Kettering City School District offers parents/guardians with two preschool options for your children:

The Integrated Preschool Program – Peer Mentors

Monday-Thursday, 8:30-11:00 a.m. or 12:15-2:45 p.m.
Cost: $160 per month* + $20 processing fee
Must turn 3 years old by August 1, 2020 & be a resident of the Kettering School District

This preschool program is designed to serve 3-to-5-year-old students with special needs, alongside typically developing peer mentors. The program offers small class sizes with a one-to-six staff-to-student ratio. Integrated Preschool is available at the following locations:

- Beavertown Elementary School (2700 Wilmington Pike, Kettering, Ohio 45419)
- Greenmont Elementary School (1 E. Wren Circle, Kettering, Ohio 45420)
- Indian Riffle Elementary School (3090 Glengarry Drive, Kettering, Ohio 45420)
- Kettering Early Childhood Education Center (2600 Holman Street, Moraine, Ohio 45439)
- Oakview Elementary School (4001 Ackerman Blvd., Kettering, OH 45429)

Pathfinders

Monday-Thursday, 8:30 a.m.-1:30 p.m.
Cost: $375 per month* + $20 processing fee
Must turn 4 years old by August 1, 2020 & be a resident of Montgomery County

Pathfinders is an early learning program funded by the Ohio Department of Education and operated through the Kettering Schools that provides 4-year-old children with a high-quality preschool education, focusing on academic and social preparation for entry into kindergarten. Pathfinders is available at the following locations:

- Beavertown Elementary School (2700 Wilmington Pike, Kettering, Ohio 45419)
- John F. Kennedy Elementary School (5030 Polen Drive, Kettering, Ohio 45440)
- Kettering Early Childhood Education Center (2600 Holman Street, Moraine, Ohio 45439)

*Tuition assistance is available for both programs.
Kettering City Schools - Preschool Registration Materials

Enclosed is the paperwork needed to register a child for preschool. Please complete all forms and return in this envelope. The checklist below will assist you in making sure all information is complete.

Your child WILL NOT be enrolled unless all forms are complete, and requested documentation is provided. Dental and Medical forms must be submitted before your child’s first day of school.

<table>
<thead>
<tr>
<th>Forms to Complete &amp; Return</th>
<th>Documentation Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Registration Form (page 1-2)</td>
<td>Birth Certificate or Alternate Documentation</td>
</tr>
<tr>
<td>• Emergency Medical Form (page 4)</td>
<td>• A passport or attested passport transcript showing the date and place of birth of the child</td>
</tr>
<tr>
<td>• Status of Custody Form (page 5)</td>
<td>• An attested transcript of a birth certificate</td>
</tr>
<tr>
<td>• Ethnicity-Race Form (page 6)</td>
<td>• An attested transcript of a hospital record showing date and place of birth of the child</td>
</tr>
<tr>
<td>• IEP/504 Form (if applicable - page 7)</td>
<td>Immunization Records</td>
</tr>
<tr>
<td>• Release Form (page 8)</td>
<td>• Picture ID of Parent or Guardian</td>
</tr>
<tr>
<td>• Transportation List (page 9)</td>
<td>• Driver’s License or Passport</td>
</tr>
<tr>
<td>• Child Medical Statement (page 10-11)</td>
<td>Proof of Residency:</td>
</tr>
<tr>
<td>• Dental Exam Record (page 12)</td>
<td>• Deed</td>
</tr>
<tr>
<td>• Early Childhood Education Eligibility Screening Tool for Tuition Assistance (if requesting tuition assistance)</td>
<td>• Current Lease signed by landlord and tenant</td>
</tr>
<tr>
<td></td>
<td>• Tax or Mortgage Statement</td>
</tr>
<tr>
<td></td>
<td>ADDITIONALLY, EVERYONE MUST PRESENT A CURRENT UTILITY BILL.</td>
</tr>
</tbody>
</table>

Completed Registration Returned on: ____________________________

DATE: ____________________________

$20.00 Registration fee paid:

CASH_______ CHECK#____________
Section I—Student & Family Information

Child’s Name ____________________________ Date of Birth ______ Gender ____________________________

Parent/Guardian 1 Name ____________________________ Cell Phone ____________________________ Call order ______
Home Address ____________________________ apt. Home Phone ____________________________ Call order ______
City ____________________________ Zip ______ Work Phone ____________________________ Call order ______
Employer Name ____________________________ Email ____________________________

Parent/Guardian 2 Name ____________________________ Cell Phone ____________________________ Call order ______
Home Address ____________________________ apt. Home Phone ____________________________ Call order ______
City ____________________________ Zip ______ Work Phone ____________________________ Call order ______
Employer Name ____________________________ Email ____________________________

Child Lives With: (please check only ONE of the following descriptions that applies to your child)

☐ Both natural/adoptive parents   ☐ Mother & Stepfather   ☐ Father & Stepmother
☐ Mother only   ☐ Father only   ☐ Grandparents
☐ Foster Parent(s)  Caseworker Name: ____________________________ Phone: ____________________________
☐ Other: describe ____________________________

Housing Arrangement: ☐ house   ☐ apartment   ☐ sharing a residence w/ ____________________________ (name)

LIST BROTHERS AND SISTERS OF STUDENT LIVING IN THE SAME HOUSEHOLD

<table>
<thead>
<tr>
<th>LAST NAME, FIRST NAME</th>
<th>GENDER</th>
<th>DATE OF BIRTH</th>
<th>SCHOOL ATTENDING, IF ANY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section II—Emergency Contacts

List TWO (2) Emergency Contacts for use ONLY if the parents cannot be contacted:

Name ___________________________  Cell Phone ___________________  Call order ___
Address ___________________________  Home Phone ___________________  Call order ___
Relationship to child ___________________  Work Phone ___________________  Call order ___

Name ___________________________  Cell Phone ___________________  Call order ___
Address ___________________________  Home Phone ___________________  Call order ___
Relationship to child ___________________  Work Phone ___________________  Call order ___

Section III—Child’s Health Information

Child’s chronic medical/health needs:

<table>
<thead>
<tr>
<th>History of hospitalizations</th>
<th>Medications  (note: a medication form must be completed for each medication administered while in program attendance. Forms are available in the school office)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Allergies/Treatments</th>
<th>Dietary Needs or Restrictions</th>
</tr>
</thead>
</table>

Child’s immunizations records are attached:  ______ yes    ______ no
Exempt from immunizations because of religious conviction: ______ yes    ______ no

(Exemption form is available in the school office)
The Kettering City School District offers parents/guardians two preschool options for your children:

**The Integrated Preschool Program – Peer Mentors**

This preschool program is designed to serve 3-to-5-year-old students with special needs, alongside typically developing peer mentors. The program offers small class sizes with a one-to-six staff-to-student ratio. Students will receive a high-quality preschool education that includes social and pre-academic preparation for entry into Kindergarten. Class times are **Monday—Thursday 8:30-11 am or 12:15-2:45pm.**

**Must be 3 years old by August 1. **The cost of the program is $160/month.

Locations:
- Beavertown Elementary School, 2700 Wilmington Pike, Kettering, OH 45419
- Greenmont Elementary, 1 E. Wren Circle, Kettering, OH 45420
- Oakview Elementary School, 4001 Ackerman Boulevard, Kettering, OH 45429
- Indian Riffle Elementary School, 3090 Glengarry Drive, Kettering, OH 45420
- Kettering Early Childhood Education Center (KECEC), 2600 Holman Street, Moraine, OH 45439

**Pathfinders Preschool**

Pathfinders is an early learning program funded by the Ohio Department of Education and operated through the Kettering Schools that provides 4-year-old children with a high-quality preschool education, focusing on academic and social preparation for entry into kindergarten. Class times are **Monday—Thursday 8:30 am-1:30 pm**

**Must be 4 years old by August 1. **The cost of the program is $375/month.

Locations:
- Beavertown Elementary School, 2700 Wilmington Pike, Kettering, OH 45419
- John F. Kennedy Elementary School, 5030 Polen Drive, Kettering, OH 45440
- Kettering Early Childhood Education Center (KECEC), 2600 Holman Street, Moraine, OH 45439

**Only one site offers an extended day option:**
- Kettering Early Childhood Education Center, 2600 Holman Street, Moraine, OH 45439

The KECEC opens at 7:00 am and closes at 5:30 pm. There is an additional fee of $110.00 per week, per child to utilize the all day program, which includes full day care on Fridays. Spaces are limited and are on a first come, first served basis.

**Both the Integrated and Pathfinders Programs offer full scholarships and tuition assistance that is based on the family’s household income. Please see the tuition assistance section of this packet for more information.**
Purpose of this form: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Complete EITHER Part I or Part II Below

PART I— TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: ___________________________ Phone: ___________________________
Dentist: ___________________________ Phone: ___________________________
Medical Specialist: ___________________________ Phone: ___________________________
Local Hospital: ___________________________ Phone: ___________________________

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for 1) the administration of any treatment deemed necessary by above named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2) transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians concur in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning my child’s medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

______________________________________________________________

______________________________________________________________

Date: ______________ Signature of Parent or Guardian: ___________________________
Date Updated: ______________ Signature of Parent or Guardian: ___________________________

PART II—REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

______________________________________________________________

______________________________________________________________

Date: ______________ Signature of Parent or Guardian: ___________________________
# Status of Custody Form

This form is to be completed before a student is registered in the Kettering City Schools, and any applicable custody documents must be provided.

| Student Name: ______________________________ | Date of Birth: ____________ |
| Building Enrolled/Preschool Site: ______________________________ |
| Name of Adult Completing Paperwork: ______________________________ |
| Relationship to Student: ______________________________ |

**Child lives with:**

- [ ] Both Natural/Adoptive Parents—*married at time of birth?*  
  - [ ] Yes  
  - [ ] No
- [ ] Father Only
- [ ] Grandparent(s)
- [ ] Mother Only
- [ ] Aunt and/or Uncle
- [ ] Foster Family
- [ ] Other: explain ______________________________

If the child does not reside with both natural/adoptive parents, please check the parental status:

- [ ] Divorced; current custody document is on file with this school
- [ ] Legally separated; current document is on file with this school
- [ ] Separated—custody not on file (both parents have equal rights regarding custody)
- [ ] Not married at time of birth
- [ ] Intent to gain custody paperwork is currently on file with this school
- [ ] Guardianship
- [ ] Temporary Protection Order (restraining order, or TPO) is currently on file with this school
- [ ] Other parent deceased

I understand the rights of my child’s other parent. If a legal separation, divorce or other custody change is initiated, I will furnish a copy of the custody document to the school.

Parent/Guardian Signature: ______________________________ | Date: __________________

Address, City, Zip: ______________________________

Daytime Phone: ______________________________ | Cell Phone: ______________________________
The United States Department of Education has issued guidelines regarding the collection of data on race and ethnicity for public school students. The federal government, which requires all states to collect this information, has developed a new way to report ethnicity and race that includes new categories.

Child’s Name: ___________________________ Date of Birth: ___________________________
Address: ___________________________ Gender: ___________________________

PART 1—Is this student of Hispanic/Latino heritage? (Choose only one answer)

_____ No, not Hispanic/Latino

_____ Yes, Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

PART 2—RACE- Choose only one category below that best describes your child’s racial identity.

_____ American Indian or Alaskan Native

_____ Asian

_____ Black/African American

_____ Hispanic/Latino

_____ Native Hawaiian or Pacific Islander

_____ White

_____ Multi-racial / Other (please indicate which races best reflect your child’s identity)

______________________________

Child’s place of birth: ___________________________ Country: ___________________________

1. What language did your child speak when he/she was first learning to talk? ___________________________

2. What language does your child usually speak at home now? ___________________________

3. What language do you usually use with your child? ___________________________

4. What language do the adults usually speak at home? ___________________________

5. Does someone in your home read English? _______ Yes _______ No

6. Do you need help with translation? _______ Yes _______ No

7. Are you a refugee? _______ Yes _______ No

   If yes, from which country? ___________________________

8. Are you currently homeless? _______ Yes _______ No
Child’s name: ___________________________ Date of Birth: ________________

_____ My child does NOT currently receive special education services.
If checked, you do not have to complete the rest of this form. Please sign at the bottom.

_____ My child is currently on an ___IEP ___504 Plan

_____ I have provided a current copy of the IEP (Individualized Education Plan)
_____ I do not have a current copy of the IEP

_____ I have provided a current copy of the MFE (Multi-factored Evaluation)
_____ I do not have a current copy of the MFE

_____ I have provided a 504 Plan Statement

Date: ___________ Signature of Parent or Guardian: ____________________________
Class Roster & Directory Authorizations

I authorize the following to be listed on the class roster:

My child's name:    _____ yes    _____ no
Family name:        _____ yes    _____ no
Phone numbers:      _____ yes    _____ no    _____ cell    _____ home    _____ work

Date: ______________    Signature of Parent or Guardian: ________________________________

Annual Class Roster: 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 your child’s classroom.

ASSESSMENT RELEASE

I give my permission to have my child participate in all learning and developmental screenings and assessments which are required by the Ohio Department of Education    YES    NO

PHOTOGRAPHY RELEASE

1) I give my permission for my child to be photographed for portfolio projects, classroom bulletin boards, and other uses within the school building where he/she attends.    YES    NO
2) I give my permission for my child to be photographed/video recorded that may be included in articles, publications (i.e. yearbook, class picture), videos, etc. and placed on    YES    NO

VISION, HEARING & SPEECH SCREENING RELEASE

I give my permission for the preschool staff and its contractors to administer vision, hearing and speech screenings for my child.    YES    NO

I have read and have specified in each section, the type of permission I am granting.

Date: ______________    Signature of Parent or Guardian: ________________________________
The following adults are authorized to pick up the above named child from school

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to child</th>
<th>Phone/Cell Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following adults are **NOT** permitted to pick up my child

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to child</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The adults named above are authorized to pick up my child in the event I am unable to do so. I will inform them to bring a driver’s license to show the teachers and aides until school staff are familiar with them. I understand that my child will **NOT** be released to anyone not on this list. I understand it is my responsibility to inform the school by written note or phone call, when there is an unforeseen event that would require an unlisted individual to transport my child from school. I will make every effort to keep this list updated.

Date: ____________  
Signature of Parent or Guardian: ____________________________

Date Updated: ____________  
Signature of Parent or Guardian: ____________________________

Date Updated: ____________  
Signature of Parent or Guardian: ____________________________
Section I: Child Medical Information

Child’s Name: ___________________________ Date of Birth: _______ Gender: M F

Height: _____ (___%)  Weight: ___ (___ %)  BP: _______ Pulse: _____ Respiration: ______

General Physical Exam Findings:
Heart ______ Head _______ Eyes _______ Ears _______ Nose _______ Neck _______ Chest _______
Lymphatics _______ Back _______ Abdomen____ Genitalia ___

_____ No significant findings were noted during the general physical exam.  
_____ Limitations or health conditions were noted during exam

Please Specify ____________________________________________________________

________________________________________________________

ALLERGIES:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Prescribed For</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Blood Lead Screening Date: ___ Results: _____ Hematocrit Test Date: ______ Results: ______ %

Vision (Check all that apply)

Within normal limits?  Yes/No (if not, specify: ____________________________ )

Wears corrective lenses? Yes/No

Had Eye Surgery? Yes/No (if yes, specify: ____________________________ )

Hearing (Check all that apply)

Within normal limits Yes/No (if not, specify: ____________________________ )

_____ History of frequent ear infections Yes/No

_____ PE Tubes Inserted Yes/No (Date: __________)  Other: ____________________________

Revised 2/4/20
Diagnosed Disorders/Syndromes (Check all that apply)
- Seizure Disorder (specify type and frequency)
- Cerebral Palsy (Specify Impact)
- Down Syndrome Atlantoaxial Instability X-Ray: ______ completed (positive/negative) ______ not completed
- Pervasive Developmental Disorder (Specify)
- Diabetes
- Mental Health Disorder

Behavioral Concerns: Circle all that apply
- Hyperactivity
- Distracted
- Short attention span
- Withdrawn
- Aggression
- Anxiety
- Other (Explain)

IMMUNIZATION RECORD

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Dose 3</th>
<th>Dose 4</th>
<th>Dose 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT, DTaP, or DT/pediatric (Diphtheria, Tetanus, Pertussis)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio Vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIB (Haemophilus Influenza Type B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella Zoster (Chicken Pox)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR (Measles, Mumps, Rubella)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TB Test required for all students born outside of the US ______ Negative ______ Positive

Immunizations: ______ complete for age ______ in progress

Exempt from Immunization for: ________religious conviction ________medical reasons*

* Doctor’s exemption statement form is available in the school office

I certify that no communicable disease is evident at the time of this examination and the child may attend a preschool program.

Examination Date:___________________________
Physician’s Signature (Indicate: MD, DO, or NP) Date

Phone Number:___________________________
Address:___________________________

Revised 2/4/19
Child Dental Exam Record

To be completed by your Dentist

Please fax this form to: _______________
Attention: _______________

Exam Date: ____________
Child’s Name: ________________________________

O Male  O Female
Birth Date: ________________________________

Address: ____________________________________ City/Zip ________________

Exam Completed By: ______ DMD ______ RDH ______ Other: Specify ________________

Evaluation Type: ______ Exam ______ Screening

Mouth and Structures:

Normal appearance and function? ______ Yes ______ No

Abnormalities Noted: ________________________________

Today’s Visit Included:

- Visual Screening
- Full Exam
- X-rays
- Cleaning
- Fluoride Treatment
- Oral Hygiene Instruction
- Treatment (describe)

Future Treatment:

- No Needs
- Treatment is Needed

Next Appointment
Date: ____________
Treatment Plan:

Dental Professional’s Signature: ______________________ Exam Completion Date: ____________

Printed or Stamped Name: ___________________________ Phone: ____________
Address of Provider: ____________________________________
If you are applying for tuition assistance through the Kettering Schools and/or Preschool Promise, you will need to complete the Early Childhood Education Eligibility Screening Tool and provide the appropriate income verification. Tuition waivers are determined on a first come, first served basis for the 2020-2021 school year.

**Applications will NOT be accepted without income verification**

Income Documentation Accepted:

- 2019 Tax Return for **all** working adults in the household
- or
- Four recent, consecutive weeks of paystubs for **all** working adults in the household

**If Applicable:** You must include income from self-employment, unemployment, disability, child support, spousal support, retirement, benefits from social security, or any other household income.

Types of Assistance Available:

- **The Integrated Preschool** offers families of typically developing peer mentor students who reside in the Kettering School District either reduced fees or fee waivers, based on family income and household size.

- **Pathfinders Preschool** has a limited number of scholarships available for children who are FOUR YEARS OLD, RESIDE IN MONTGOMERY COUNTY, AND ARE NOT ELIGIBLE TO GO TO KINDERGARTEN IN THE 2020-2021 SCHOOL YEAR. Reduced fees are granted according to the family income and household size.

- **Montgomery County Preschool Promise** offers additional tuition assistance to ALL families of four year old children who will be eligible for kindergarten in the 2021-2022 school year. The family must reside in Montgomery County and have completed the tuition assistance process. Applying for Preschool Promise is easy... just complete the information attached with the signed release. They will review your documentation and reduce your tuition payment even further!
**How do I apply for Early Childhood Education Services (ECE)?**

- Complete the screening tool, JFS 01121.
- Submit this form to your provider.
- Do not submit the form to the Ohio Department of Education.
- Your provider will let you know if you qualify.

**How do I apply for Publicly Funded Child Care?**

- Complete the screening tool, JFS 01121, and the JFS 01122 Publicly Funded Child Care Supplemental Application, answering as many questions as you can. **Be sure to sign both forms.**
- Submit both the JFS 01121 and JFS 01122 to your local county agency.
- Attach verifications to the JFS 01122 (see verification requirements below).
- A verifications checklist will be mailed to you within 10 days of your application date if more information is needed to make a decision on your case.
- You will have 30 days from the date the county receives your application to provide all needed information.

**What verifications do I need for publicly funded child care?**

- **Proof of income:** Verification of income includes but is not limited to paystubs, tax records, award letters, child support orders, etc.
- **Proof of any child support paid.**
- **Proof of citizenship or qualified alien status for children in need of care:** If the county agency verifies that you have already provided proof of citizenship to qualify for OWF, you will not have to provide it a second time.
- **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.
- Provide the name and address of an eligible child care provider chosen for each child in need of care. (See below for tips on choosing a provider).

**What is Step Up To Quality?**

Step Up To Quality helps families identify child care programs that go beyond the minimum standards of licensing. Star rated programs demonstrate higher levels of quality in a variety of ways. For more information, visit the ODJFS child care website at [http://jfs.ohio.gov/cdc/index.htm](http://jfs.ohio.gov/cdc/index.htm) and click on "Step Up To Quality."

**How do I choose a Provider?**

**ECE:** If you would like to view a map of early childhood education providers, visit [http://education.ohio.gov/Topics/Early-Learning/Early-Childhood-Education-Grant](http://education.ohio.gov/Topics/Early-Learning/Early-Childhood-Education-Grant).

**Publicly Funded Child Care:** Parents may select any program approved to offer publicly funded child care. These programs include centers, family child care homes and in-home aides located throughout the state of Ohio.

- If you would like assistance with selecting a publicly funded child care provider, you may contact your local Child Care Resource and Referral Agency. Visit [http://jfs.ohio.gov/cdc/families.htm](http://jfs.ohio.gov/cdc/families.htm) for contact information.
- You may use the ODJFS Child Care Directory to look for programs that fit your child care needs at [http://childcaresearch.ohio.gov/](http://childcaresearch.ohio.gov/). The directory allows you to search by location, type of program, services offered and days and hours of operation. Information is provided about each program including Step Up To Quality rating, any additional accreditation or affiliation, licensing inspections and substantiated complaints.

Continued on next page
<table>
<thead>
<tr>
<th>Question</th>
<th>ECE:</th>
<th>Publicly Funded Child Care:</th>
</tr>
</thead>
<tbody>
<tr>
<td>When will my eligibility begin?</td>
<td>You will be notified by your provider when you may begin care.</td>
<td>Your eligibility for the publicly funded child care program is determined within 30 days from the date the signed application is received by the county. If this application is approved and you are eligible for child care benefits, the county agency may authorize payment for child care from the date the county received this application.</td>
</tr>
<tr>
<td>How do I get help with completing this application?</td>
<td>If you need assistance with this application, ask your provider.</td>
<td>If English is not your primary language, the county agency will provide someone who can help you understand the questions on this application. If you have a disability, are hearing impaired or visually impaired, the county agency will help you complete this application.</td>
</tr>
<tr>
<td>What if my child has a disability or I suspect my child may be</td>
<td>• To learn more about Medicaid health screenings and early intervention services for your child, please visit the Ohio Department of Job and Family Services child care website at <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a> and click on &quot;Families.&quot;</td>
<td>Your child care provider may qualify for additional assistance if they must make special adaptations for your child. Your provider may contact your county agency for more information.</td>
</tr>
<tr>
<td>developmentally delayed?</td>
<td>• <strong>Publicly Funded Child Care:</strong> Your child care provider may qualify for additional assistance if they must make special adaptations for your child. Your provider may contact your county agency for more information.</td>
<td></td>
</tr>
<tr>
<td>How do I make a complaint about a provider?</td>
<td><strong>ECE (ODE):</strong> If the program is licensed by ODE, call 614-466-0224.</td>
<td><strong>Publicly Funded Child Care (ODJFS):</strong> If the program is licensed by ODJFS, call 1-877-302-2347, option 4</td>
</tr>
</tbody>
</table>

JFS 01121 (Rev. 12/2018)
# Tell us about you (the applicant)

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Today's Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>County</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Additional Phone Number</th>
<th>E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# Tell us about the people in your home

<table>
<thead>
<tr>
<th>Name (First, Middle, Last)</th>
<th>Relationship to You (spouse, son, friend, etc.)</th>
<th>Race</th>
<th>Hispanic or Latino Y or N</th>
<th>Spoken Language</th>
<th>Date of Birth</th>
<th>Gender M or F</th>
<th>U.S. Citizen Y or N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>African American</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Alaska Native/American</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Indian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Asian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Caucasian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hawaiian/Pacific</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Islander</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>African American</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Alaska Native/American</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Indian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Asian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Caucasian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hawaiian/Pacific</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Islander</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>African American</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Alaska Native/American</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Indian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Asian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Caucasian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hawaiian/Pacific</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Islander</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>African American</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Alaska Native/American</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Indian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Asian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Caucasian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hawaiian/Pacific</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Islander</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 1</td>
<td>Provider Name and Address</td>
<td>Child’s Needs</td>
<td>What hours/days do you need services? (i.e. child care or preschool) <em>Check all that apply</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>---------------------------</td>
<td>---------------</td>
<td>----------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Do you have concerns about your child's growth and/or development?</td>
<td>☐ Yes ☐ No Describe:</td>
<td>☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Mornings ☐ Afternoons ☐ Evenings ☐ Weekends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child’s Mother’s Maiden Name</td>
<td></td>
<td></td>
<td>What is the child’s home school district?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child’s City of Birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child 2</th>
<th>Provider Name and Address</th>
<th>Child’s Needs</th>
<th>What hours/days do you need services? (child care or preschool) <em>Check all that apply</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Do you have concerns about your child's growth and/or development?</td>
<td>☐ Yes ☐ No Describe:</td>
<td>☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Mornings ☐ Afternoons ☐ Evenings ☐ Weekends</td>
</tr>
<tr>
<td>Child’s Mother’s Maiden Name</td>
<td></td>
<td></td>
<td>What is the child’s home school district?</td>
</tr>
<tr>
<td>Child’s City of Birth</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child 3</th>
<th>Provider Name and Address</th>
<th>Child’s Needs</th>
<th>What hours/days do you need services? (child care or preschool) <em>Check all that apply</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Do you have concerns about your child's growth and/or development?</td>
<td>☐ Yes ☐ No Describe:</td>
<td>☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Mornings ☐ Afternoons ☐ Evenings ☐ Weekends</td>
</tr>
<tr>
<td>Child’s Mother’s Maiden Name</td>
<td></td>
<td></td>
<td>What is the child’s home school district?</td>
</tr>
<tr>
<td>Child’s City of Birth</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of Income</th>
<th>Amount of Income (before taxes)</th>
<th>How Often Received (weekly, bi-weekly, etc)</th>
<th>Date Last Received</th>
<th>Work or School Schedule (please list times)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Sun _____ ☐ Mon _____ ☐ Tues _____ ☐ Wed _____</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Thurs _____ ☐ Fri _____ ☐ Sat _____</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Sun _____ ☐ Mon _____ ☐ Tues _____ ☐ Wed _____</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Thurs _____ ☐ Fri _____ ☐ Sat _____</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Sun _____ ☐ Mon _____ ☐ Tues _____ ☐ Wed _____</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Thurs _____ ☐ Fri _____ ☐ Sat _____</td>
</tr>
</tbody>
</table>

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

How Much?

Signature of Applicant

Date
2020-2021 Kettering City Schools & Preschool Promise

For children who turn 4 by August 1, 2020 and live in Montgomery County

Child’s Name: __________________________________________________________

By completing this application your child will be signed up for Preschool Promise. Being a part of Preschool Promise comes with the following benefits: Tuition assistance to help off-set the cost of Preschool (if eligible), monthly postcards with helpful kindergarten readiness tips, a birthday card for your child, invitations to Preschool Promise events, access to the Preschool Promise Family Facebook page, materials for your child’s classroom, and your child’s teacher will receive free training and professional development. The release below gives Preschool Promise permission to gather basic information about your family that you have already given to Kettering City Schools so you don’t have to complete another application.

I hereby allow Preschool Promise, Inc. and other associated and sponsoring agencies to collect and share data about my child’s preschool assessment scores, including but not limited to, school attendance, K-3 reading intervention/special needs participation, and any other state standardized achievement assessment scores now and in the future. This will only be used for research and/or funding purposes. Preschool Promise shall comply with the Family Educational Rights and Privacy Act, 20 U.S.C. Section 1232g, as applicable. Further, in order to help with the completion of this application, I hereby authorize my child’s school district, Miami Valley Child Development Centers, and/or the Montgomery County Job and Family Services to release to Preschool Promise, Inc. certain information regarding my family and/or my child that it may have on file or in its databases, including but not limited to the child’s date of birth, household size, household income, residency, custody information, and child care authorization stating weekly co-payment (if requesting tuition assistance) and any other family and demographic information outlined and requested in this application. I hereby consent to such disclosure of my family and my child’s information by my child’s school district, and/or Miami Valley Child Development Centers, and/or the Montgomery County Dept. of Job and Family Services to Preschool Promise, Inc. I, as the parent/legal guardian of the child, authorize Preschool Promise, Inc. to release any information in the application to individual preschool providers for the purpose of record keeping, audits and improving access to quality preschool education. By participating in Preschool Promise, you agree to receive Preschool Promise information and Kindergarten Readiness Tip messages via text platforms ParentPowered and One Call Now. You agree to receive multiple messages from both providers, including up to four messages per week from ParentPowered. You also agree to the ParentPowered PBC Terms of Use, available at parentpowered.com/terms.html and Privacy Policy available at parentpowered.com/privacy.html as well as One Call Now’s terms and conditions, available at www.onecallnow.com/service-agreements/ and Privacy Policy available at https://www.onsolve.com/privacy-statement/. Data & message rates may apply. You can cancel your receipt of ParentPowered text messages any time by texting STOP to 70138. For help with ParentPowered text HELP to 70138 or email us at support@parentpowered.com. You may cancel your receipt of One Call Now text messages at any time by “opting out” when prompted or following the instructions provided in the terms and conditions information referenced above. If receiving tuition assistance, I understand that if my child attends less than 60% of his/her scheduled service days for two months, not necessarily consecutively, I will no longer be eligible for tuition assistance. If your child attends fewer than 60% of his or her scheduled days/month, you and your provider will receive a letter stating that the child is on an “Attendance Inquiry” list. If your child misses more than 60% of his or her scheduled days a second month (not necessarily consecutively), you will lose all future tuition assistance. Families that experience extreme hardships that cause their children to fall below the attendance requirement may request special consideration and, if their appeal is granted, they may not lose their eligibility and tuition assistance. Those exceptions will be considered on a case-by-case basis. If your child changes providers in the middle of a month, tuition assistance will not be awarded to the new program until the following month, unless the family can prove an immediate transfer was required. You will be responsible for the difference in payment to the provider. The exception to this policy is for school districts where there is a Preschool start date in the middle of the month to follow the school year. Payment for that month will be prorated.

Guardian’s Signature ________________________________________ Date ________________________________
1) Allow Preschool Promise to use photos/videos of my child in the promotion of Preschool Promise?  □ Yes  □ No

2) Your highest level of education:  □ Some High School  □ High School/GED  □ Some College  □ Associate’s  □ Bachelor’s  □ Master’s  □ Ph.D

Preschool Promise Research Consent

Preschool Promise is helping Preschools in Montgomery County keep improving. The University of Dayton's Richard Stock and Mary Fuhs are doing research to learn what instruction benefits children the most. We would like your child to be part of our research. If you agree, we will collect information regarding your child during Preschool and the K – 3rd grade years, including your child's school assessments, surveys about your child's Kindergarten experience, attendance and demographic information, and their state student ID number.

Also, we will randomly select Preschools for more in-depth individual assessments. If your child’s school is selected, your child will be asked to do short assessments at their school in the Fall and again in the Spring. One assessment is a card game played on an iPad that is similar to the game Simon Says (5-7 minutes). Others involve picture books and asking questions about literacy, math, and language (15 - 20 minutes). Children typically enjoy doing these assessments, but may stop participating at any time without any consequences. These assessments will be done in the classroom or hallway at school.

All of this information is routinely collected by schools as part of their normal procedures and will be treated confidentially and securely stored.

Your child’s name will be kept separate from all assessment data we collect. Your name and your child’s name will not be shown or published anywhere. Preschools may be given results from our assessments to improve their teaching, but all scores will be classroom or center/school averages. No child’s individual score will be shared.

Please feel free to contact us at any time: Richard Stock, (937) 229-2453, rstock1@udayton.edu, Mary Fuhs, (937) 229-2775, mfuhs1@udayton.edu. You also may contact the chair of the University of Dayton Research Review and Ethics Committee, Benjamin Kunz, Ph.D., at (937) 229-2678 or rrec@udayton.edu.

I voluntarily agree to allow my child to participate in this study. The researchers have answered all my questions about procedures and my participation. I understand that the research team will be available to answer any questions I have in the future. I also understand that I may end my participation in this research at any time without penalty and that the research team may end my participation as well. Leaving the study or choosing not to participate will in no way affect our family’s participation in Preschool Promise. I am 18 (eighteen) years of age or older.

<table>
<thead>
<tr>
<th>Signature of Parent/Date</th>
<th>Parent’s Name (printed)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child’s Date of Birth</th>
<th>Child’s Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address / City / Zip Code</th>
</tr>
</thead>
</table>

The University of Dayton supports researchers' academic freedom to study topics of their choice. The topic and/or content of each study are those of the principal investigator(s) and do not necessarily represent the mission or positions of the University of Dayton.

☐ I do not wish to participate in Preschool Promise. I understand that if I “opt out” of participation in Preschool Promise I forfeit tuition assistance and the other benefits for my family and my child’s classroom.