



# Sandusky City Schools

## Early Childhood Education Programs 2011-2012 Pre-Kindergarten/Pre-School Jackson Early Learning Center

### Enrollment Information

We are pleased that you are requesting information about the Pre-school and Pre-Kindergarten Classes at Jackson Early Learning Center. This packet contains information about each of these classes and the registration forms you will need to return in order to register your child in one of these programs.

**Pre-Kindergarten classes** - Started in January 2008 through a grant from the Ohio Department of Education. There is a morning and afternoon session Monday-Friday. Each session will have up to 20 children ages 3-4 year olds or for a 5 years old child whose birthday is after 8/1/08. These classes have a full-time teacher and a full-time para-professional (teacher's aide). The students will be provided breakfast or lunch each day. The students must be toilet-trained to attend. These classes are specifically set up for children who are residents in the Sandusky City School District and whose family income is at 100% of the federal income poverty level. Bus transportation is provided to all students who attend the Pre-Kindergarten classes. There is no cost to attend.

**Pre-School classes** - There are four morning and three afternoon classrooms Monday-Friday. Each class will have between 12 and 16 students ages 3 or 4 years old as of 8/1/08. These classes have a full-time teacher and a full-time para-professional (teacher's aide). Within each class, half of the children will have identified delays/special needs in one or more of the following skills: communication, motor development, social and emotional development and/or thinking and reasoning. Children who have identified delays have already participated in the Pre-School Assessment Clinic. Parents who have concerns that their child may have a significant delay in one or more of these skill areas should contact the office at Jackson Learning Center at 419-621-2818. The remaining students attending these classes do not have identified special needs. All Pre-School students receive a nutritious snack. Participation is not dependent upon income eligibility. The students with special needs will attend the program for free and will receive bus transportation to and from school. The students without special needs must be toilet trained, and will need to be transported to and from school and *may* be required to provide an activity/supply fee upon enrollment.

**This year, as part of the application process, we are requiring applicants to participate in a model peer screening. This will require each potential student to attend a free, play-based screening at the Jackson Learning Center this spring. Upon the return of the completed application forms, sign-up will be available at the JLC office. Please remember *all* application forms must be completed in their entirety, including completed physical examination, immunization records, and birth certificates. We are requesting all applications must be received by May 1, 2011.**

Please feel free to call Jackson Learning Center at 419-621-2818, if you have any questions.  
Sincerely,

Linda Wohl  
Principal, Jackson Learning Center





# Sandusky City Schools

407 Decatur Street, Sandusky, Ohio 44870-2442  
419-626-6940

## Pre-school/Pre-Kindergarten Education Program 2011-2012

### Registration Documentation Requirements for Preschool Enrollment

*Please review and check off items required for registration.*

- |   |  |
|---|--|
| <input type="checkbox"/> Birth Certificate                  | <b>Original certificate containing raised seal and or original stamp</b><br>(Will not need to provide if child was registered the previous year.)                                |
| <input type="checkbox"/> Immunization Record                | <b>From doctor or health department</b>  |
| <input type="checkbox"/> Yearly Physical                    | <b>From doctor or health department</b>  |
| <input type="checkbox"/> Legal Documents<br>(If applicable) | <b>Name change, adoption or custody papers (legal documents must contain journal entry date stamp from the court and judges' signature)</b>                                      |
| <input type="checkbox"/> Proof of Income*                   | <b>Current (within last 2 months)</b><br>*Pre-Kindergarten only  |
| <input type="checkbox"/> Proof of Residency                 | <b>Photo I.D. of parent/guardian and proofs of residency (examples: utility bills, lease agreement, checking/savings account, credit card statements, insurance bills, etc.)</b> |







# Sandusky City Schools

Early Childhood Education Programs  
Pre-Kindergarten/Pre-School  
2011-2012 School Year  
Jackson Learning Center

## Application for Enrollment

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

Date of Birth: \_\_\_\_\_ Child's age as of 8/1/11 \_\_\_\_\_

Does your child live with a parent or guardian who is a Sandusky resident? \_\_\_\_\_  
Please include proof residency with this application (utility bill or lease).

Please check the box to indicate which class and session that you are interested in having your child attend for the 2011-12 school year.

- |  |  |
|--|--|
| <input type="checkbox"/> PRE-KINDERGARTEN<br>(income eligibility required) | <input type="checkbox"/> PRE-SCHOOL<br>(inclusion pre-school w/typical and special needs students) |
| <input type="checkbox"/> MORNING CLASS                                     | <input type="checkbox"/> MORNING CLASS   |
| <input type="checkbox"/> AFTERNOON CLASS                                   | <input type="checkbox"/> AFTERNOON CLASS   |
| <input type="checkbox"/> EITHER MORNING OR AFTERNOON                       | <input type="checkbox"/> EITHER MORNING OR AFTERNOON   |

Upon acceptance, I understand that I will need to supply my child's birth certificate, their social security card medical evaluation signed by your doctor, and their immunizations record. If my child is attending the Pre-Kindergarten class I will also need to provide proof of income.

Please contact Mrs. Kaufman in the Student Services Office at 419-621-2818, if you have any questions.

When completed, please return the entire registration packet to:

**Pre-School/Pre-Kindergarten Registration**  
**C/O Jackson Learning Center**  
**617 Jackson St.**  
**Sandusky, Ohio 44870-2430**









# Sandusky City Schools

407 Decatur Street, Sandusky, Ohio 44870-2442  
419-626-6940

## RESIDENCY STATEMENT

I, \_\_\_\_\_ certify that I am the  
(Parent/Guardian)

custodial parent/legal guardian of \_\_\_\_\_ and I  
(Student Name)

have established permanent residency (eat, sleep and receive mail daily)

at \_\_\_\_\_  
(Address)

I further certify that the student above does reside with me at this address. If my permanent residency would change, I shall notify Sandusky City Schools within 14 days.

Should the above information be incorrect I hereby agree to assume tuition costs for the above listed student for the period of time he/she has been attending *Sandusky City Schools*. (The tuition rate is calculated by the Ohio Department of Education.) Please be advised that if monies due are not promptly remitted, legal action will be pursued.

I also waive my rights to confidentiality of information and stipulate that the Sandusky City Schools may utilize whatever legal means it has at its disposal to verify my residency.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

---

### ***Notary Section***

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

Notary Seal/Stamp





# Sandusky City Schools

## Pre-School/Pre-Kindergarten Education Program 2011-2012

### EMERGENCY MEDICAL AUTHORIZATION

**Purpose** - 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. (In accordance with Ohio Revised Code 3313.712)

**THIS FORM MUST BE TURNED IN BEFORE THE START OF THE SCHOOL YEAR IN ORDER FOR TRANSPORTATION TO BEGIN**

Student \_\_\_\_\_ Sex: M F Birth Date \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Residential Parent or Guardian: Yes No**  
Mother/Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_  
Place of Work \_\_\_\_\_  
Dept. \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Residential Parent or Guardian: Yes No**  
Father/Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_  
Place of Work \_\_\_\_\_  
Dept. \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**In case of illness or emergency when residential parent(s)/guardian cannot be reached, please list contact local persons available during school hours who are able to pick up the child from school and transport them in their vehicle.**

Name	Address	Daytime Phone	Relationship to Student
1. _____	_____	_____ - _____ - _____	_____
2. _____	_____	_____ - _____ - _____	_____
3. _____	_____	_____ - _____ - _____	_____
4. _____	_____	_____ - _____ - _____	_____

**UUHealth Information: Please fill in each category that applies.**

**Allergies** (foods, medication and environmental) and precautions, reactions and treatment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications, food supplements, modified diet** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Chronic Physical Problems** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**History of Hospitalizations or Diseases** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any additional health or enrollment information that you feel we should know about your child** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please turn over and complete both sides**

**PART I OR PART II MUST BE COMPLETED. DO NOT COMPLETE BOTH PARTS!**

**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 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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) the 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 or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

By signing this, I also give permission to school personnel to share my child's health/medical concerns (past/present) with school personnel on an "as needed to know" basis, unless I notify the school nurse in "writing" that I do not want it shared.

\_\_\_\_\_  
Signature of Parent/Guardian Date

**PART II: REFUSAL TO CONSENT – Do not complete if you have completed PART I**

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: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Date

**Reference information for Emergency Medical Authorization:  
Ohio Revised Code ORC § 3313.71.2] § 3313.712**

**Emergency Medical Authorization:**

As used in this section, "parent" means parent as defined in section 3321.01 of the Revised Code.

A) Annually the board of education of each city, exempted village, local, and joint vocational school district shall, before the first day of October, provide to the parent of every pupil enrolled in schools under the board's jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into a public school in this state for the first time, provide his parent, either as part of any registration form which is in use in the district, or as a separate form, an identical copy of the form contained in division (B) of this section. When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local, or joint vocational school district to which the pupil is transferred. Upon request of his parent, authorities of the school in which the pupil is enrolled may permit the parent to make changes in a previously filed form, or to file a new form.

If a parent does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wishes school authorities to follow in the event of a medical emergency involving his child.

Even if a parent gives written consent for emergency medical treatment, when a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, or while engaged in an extra-curricular activity authorized by the appropriate school authorities, the authorities of his school shall make reasonable attempts to contact the parent before treatment is given. The school shall present the pupil's emergency medical authorization form or copy thereof to the hospital or practitioner rendering treatment.

Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section.

(B) The emergency medical authorization form provided for in division (A) of this section is as follows: (see reverse side of this sheet)



# Sandusky City Schools

## Pre-School/Pre-Kindergarten Medical Evaluation 2011-2012

Please return to: 407 Decatur Street, Sandusky, Ohio 44870-2442  
Phone: 419-626-6940 Fax: 419-609-4402

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

This is to certify that I have examined this child and their health records and found that:

- 1) This child has had the immunizations required by section 3313.671 of the Ohio Revised Code for admission to school, or has had the immunizations recommended by the Ohio Department of Health according to the child's age, or is to be exempted from these requirements for medical reasons.

Please note exemptions: \_\_\_\_\_

Immunizations (*) (enter month, day, year)					
Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (Dtap)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HiB)					
Measles, Mumps, Rubella (MMR)					
Inactivated Polio					
Varicella (chicken pox)					
Influenza					
Pneumococcal Conjugate (PCV)					
Other:					

*\*The immunizations above are recommended immunizations. Please consult your physician for more information.*

- 2) Based upon medical history and physical condition at the time of this examination, this child is in suitable condition for participation in group care.
- 3) List any limitations or health conditions (including allergies, daily medications, dietary restrictions): \_\_\_\_\_

**Recommended Assessments/Screenings:**

Vision .....  No  Yes Date: \_\_\_\_\_ Hearing .....  No  Yes Date: \_\_\_\_\_  
 Dental .....  No  Yes Date: \_\_\_\_\_ Lead .....  No  Yes Date: \_\_\_\_\_  
 BMI .....  No  Yes Date: \_\_\_\_\_ Other: .....  No  Yes Date: \_\_\_\_\_

Signature of examining Physician/Certified Nurse Practitioner:	Date of examination:
--	----------------------

*Ohio Administrative Code rules 5101:2-12-37 and 5101-2-13-37 require that this examination be given no more than twelve months prior to the date of admission to the child care facility.*

<b>Printed Name</b> of Physician/Certified Nurse Practitioner:	Phone:
Street Address:	
City/State/Zip Code:	





Pre-Kindergarten/Preschool start date: \_\_\_\_\_

# Sandusky City Schools

## Pre-School/Pre-Kindergarten Parent Consent for Medical Health Screening 2011-2012

### Part I: To Grant Consent

I HEREBY GIVE MY PERMISSION FOR \_\_\_\_\_ to receive a health screening by designated personnel, physician/nurse, and dentist.

The health screening will include reporting of vision, dental, height, weight, hearing, lead, hematocrit, speech/language, perceptual and cognitive development (thinking and problem solving), personal-social development, and motor development.

These services are available through the Pre-Kindergarten/Preschool program and are of no charge to me.

I understand the health screening will be shared by teachers, principals, and other appropriate school personnel; and that the school district will forward educational records upon request to another school district or educational agency in which my child seeks or intends to enroll. I further understand that my granting of consent is voluntary on my part and I may revoke my consent at any time.

\_\_\_\_\_  
Signature of parent/legal guardian/custodian

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

\_\_\_\_\_  
Date

### Part II: To Refuse Consent (Do Not complete Part II if you completed Part I)

I DO NOT GIVE MY PERMISSION for a health screening for \_\_\_\_\_.  
Reasons: (It would be helpful to school personnel who are designing an educational program to meet your child's unique needs if you would share with us your reasons for not giving your permission for an evaluation.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of parent/legal guardian/custodian

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

\_\_\_\_\_  
Date

### Part III: (To be completed by school)

Information regarding the health screening was presented/sent by:

\_\_\_\_\_  
Name of school district representative

\_\_\_\_\_  
Date(s)





# Sandusky City Schools

## Jackson Learning Center

### 2010/2011 US Department of Health and Human Services Poverty Guidelines

**Directions:** Circle the number of family members in your household, next circle the income amount, then complete the bottom portion of the form.

Size of family unit	100 Percent of Poverty	110 Percent of Poverty	125 Percent of Poverty	150 Percent of Poverty	175 Percent of Poverty	185 Percent of Poverty	200 Percent of Poverty
1	\$10,830	\$11,913	\$13,538	\$16,245	\$18,953	\$20,036	\$21,660
2	\$14,570	\$16,027	\$18,213	\$21,855	\$25,498	\$26,955	\$29,140
3	\$18,310	\$20,141	\$22,888	\$27,465	\$32,043	\$33,874	\$36,620
4	\$22,050	\$24,255	\$27,563	\$33,075	\$38,588	\$40,793	\$44,100
5	\$25,790	\$28,369	\$32,238	\$38,685	\$45,133	\$47,712	\$51,580
6	\$29,530	\$32,483	\$36,913	\$44,295	\$51,678	\$54,631	\$59,060
7	\$33,270	\$36,597	\$41,588	\$49,905	\$58,223	\$61,550	\$66,540
8	\$37,010	\$40,711	\$46,263	\$55,515	\$64,768	\$68,469	\$74,020

For family units with more than 8 members, add \$3,740 for each additional person at 100% of poverty; \$4,114 at 110 %; \$4,375 at 125%; \$5,610 at 150%; \$6,545 at 175%; \$6,919 at 185% and \$7,480 at 200% of poverty.

Student Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ I refuse to provide this information





**Sandusky City Schools**  
**Pre-School/Pre-Kindergarten Education Program**

**PARENT ROSTER STATEMENT**  
*2011-2012 School Year*

**Purpose:** In accordance with Rule 5101;2-12-54 of the Administrative Code, a roster for each group of children, which includes names and telephone numbers of parents, custodians, or guardians of children attending the center must be prepared annually and given to parents, custodians, or guardians upon request.

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Please choose one:**

I, \_\_\_\_\_, **would** like my name and telephone number to be  
(your name) included in this roster.

Or

I, \_\_\_\_\_, **would not** like my name and telephone number to be  
(your name) included in this roster.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





# Sandusky City Schools

Pre-School/Pre-Kindergarten Education Program

20\_\_-20\_\_

Student Name (Please Print)

School Year

## Student Authorization Forms Combined

Below are forms that have been combined for space and convenience. Please review each and complete each section:

### CHILD PICK-UP AUTHORIZATION

If my child needs to be picked up from school, the following names are the **only** people I authorize to pick up my child.

Name _____	Phone _____ - _____ - _____	Name _____	Phone _____ - _____ - _____
Name _____	Phone _____ - _____ - _____	Name _____	Phone _____ - _____ - _____
Name _____	Phone _____ - _____ - _____	Name _____	Phone _____ - _____ - _____

Signature of Residential Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

### EMERGENCY CLOSING AUTHORIZATION – Pre-School/Pre-Kindergarten

In the event school is closed prior to the regular dismissal time, due to an unexpected emergency, I want my child to remain under the supervision of Sandusky City Schools until I can be contacted by school staff.

Check ONE:

I authorize my child to remain under Sandusky City Schools supervision until I can be contacted.

I authorize my child to be dismissed without contacting me.

Signature of Residential Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

### FIELD TRIP PERMISSION

My child has permission to participate in all field trips sponsored by Sandusky City Schools. I understand that I may withhold permission for any field trip in which I do not want my child to participate by notifying the school in "writing."

Check ONE:

I authorize this Field Trip Permission.

I do not authorize this Field Trip Permission. I understand that I may authorize my child in writing as trips become available.

Signature of Residential Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

### REPRODUCTION OF ORIGINAL STUDENT ART WORK

At times Sandusky City Schools reproduces visual art and audios for the benefit of the community. Some examples may be: annual calendar, newsletter, website, live audio and recordings, and television broadcasts. Original Art Work is considered items that are physical, visual, and audio. Sandusky City Schools does not authorize reproduction of art work to any outside entity for the benefit of fund raising or entities outside the school district's jurisdiction unless expressly approved by the original artist's parent or guardian.

Check ONE:

I authorize the reproduction of my child's Original Art Work for the purpose of presentation by the Sandusky City Schools.

I do not authorize the reproduction of my child's Original Art Work.

Signature of Residential Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

### REPRODUCTION OF STUDENT PHOTOGRAPHS, VIDEO, AND LIKENESS

At times Sandusky City Schools reproduce photos, video, and likenesses of students for the benefit of the community. Some examples may be: annual calendar, newsletter, website, live audio and recordings, and television broadcasts. This would include interactive and web based learning broadcasts sponsored by the district with sites outside the school district. Sandusky City Schools does not distribute the reproduction of student photos, video, and likenesses to any other entity, unless expressly approved by a parent or guardian.

Check ONE:

I authorize the reproduction of my child's photo, video, and likeness for presentation by the Sandusky City Schools.

I do not authorize the reproduction of my child's photo, video or likeness.

Signature of Residential Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_





# Sandusky City Schools

## Pre-School/Pre-Kindergarten Education Program

### PERMISSION TO RELEASE CHILD TO ANOTHER ADULT *2011-2012 School Year*

**Purpose** - To enable parents and guardians to authorize the preschool classroom staff to allow these persons to pick up and remove the child from the preschool classroom. The adult must present a picture ID (driver's license) at the time of pick-up.

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

Child's Date of Birth \_\_\_\_\_

A child will only be released to persons listed below. The parent must give written permission for someone, other than the persons listed below to pick up their child from preschool.

1. \_\_\_\_\_  
name address phone

2. \_\_\_\_\_  
name address phone

3. \_\_\_\_\_  
name address phone

4. \_\_\_\_\_  
name address phone

5. \_\_\_\_\_  
name address phone

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date