COLUMBUS CITY SCHOOLS

Office of Teaching and Learning
Division of Early Childhood Education

Central Enrollment Center
430 Cleveland Avenue
Columbus, OH 43215
Ph. 614.365.5822
Fax 614.365.8749

Mission: Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community.

Early Childhood Education
ENROLLMENT PAPERWORK

Name of Student: _____ **Student #:** _____

Dear Parent/Guardian:

IF YOUR CHILD HAS ALREADY BEEN ASSIGNED TO AN EARLY CHILDHOOD CLASSROOM:

ASSIGNED SCHOOL: _____

In order to complete the enrollment process, the forms in this packet must be completed and returned to the Early Childhood Department before your child starts school. Please note that documentation of a current medical exam within the last 12 months is required prior to starting our program. A dental exam is highly encouraged.

The forms in this packet include:
ECE Eligibility Screening Tool
ECE Family Information
ECE Transportation Arrangements Form
Developmental and Educational Goals for Step Up to Quality
Ready 4 Success
Medical Form: Completed by physician
Dental Form: completed by dentist

Please return the completed paperwork to eceenrollment@columbus.k12.oh.us.

All enrollment requirements must be met before your child is officially enrolled in the ECE Program and eligible to attend class. If you have questions, please contact the ECE office at 614-365-5822. You may also email questions to the ECE Enrollment email address.

I understand that all of the above registration requirements must be met BEFORE my child is officially enrolled in the Early Childhood Education Program and eligible to attend class.

_____ _____
Parent/Guardian **Date**

☐ By clicking the box, I am acknowledging that the name typed above is being used as an electronic signature.

EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL DIRECTIONS

Dear Future Columbus City Schools Pre-Kindergarten Family:

Pre-School programming is not mandatory in Ohio at this time. However, Columbus City Schools is committed to offering a high-quality pre-kindergarten experience. **In order for us to continue to provide this opportunity at no cost** to children who reside within CCS attendance boundaries, **it is necessary that you complete this screening tool.**

Thank you in advance for completing the Eligibility Screening Tool. We look forward to partnering with you in educating your student.

Directions for completing the Eligibility Screening Tool:

Page 1:

- The Applicant- Please put the parent or legal guardian's name and information
- Tell us about everyone living in your home and fill in all blank spaces

Page 2:

- Please complete for your student(s) who are entering the program
- Provider name and address=CCS
- Student's needs-please check if you have concerns about your student's growth and development. If yes, please describe.
- What days and hours do you need services? Please check Monday-Friday and mornings and afternoons. Our program is Monday-Friday 9:00a.m-3:30p.m.

Page 3:

- Please check the box if you or anyone in your home received income this month.
- Please complete the table listing the source(s) of your income, I.e. wages, SSI, unemployment, etc. Also mark how often it was received (weekly, every other week, twice per month, once a month)
- Please check the box if anyone in your home pays or receives child support
- Please sign and date the form

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 (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.stm 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. **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.stm 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/. 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

When will my eligibility begin?	**ECE:** You will be notified by your provider when you may begin care. **Publicly Funded Child Care:** 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.
How do I get help with completing this application?	**ECE:** If you need assistance with this application, ask your provider. **Publicly Funded Child Care:** 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.
What if my child has a disability or I suspect my child may be developmentally delayed?	• 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 http://jfs.ohio.gov/CDC/childcare.stm and click on "Families." • **Publicly Funded Child Care:** 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.
How do I make a complaint about a provider?	**ECE (ODE):** If the program is licensed by ODE, call 614-466-0224. **Publicly Funded Child Care (ODJFS):** If the program is licensed by ODJFS, call 1-877-302-2347, option 4

Ohio Department of Education

EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

Tell us about you (the applicant)

First Name	MI	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	**Columbus City Schools**	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

☐ **By clicking the box, I am acknowledging that the name typed above is being used as an electronic signature.**

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FAMILY INFORMATION FORM

Child's Name
Who is in the child's family?
Who lives at home with your child?
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? ☐ Yes ☐ No Additional Details?
Are there any changes or transitions that your child has recently experienced or is experiencing? (divorce, new home, death of family member, friend or pet? ☐ Yes ☐ No Additional Details?
Please indicate all of the words that best describe your child's personality and behavior: active adventurous affectionate anxious leader bright busy calm cautious cheerful content creative curious easily-upset emotional energetic excitable friendly follows directions happy hesitant likes structure/routines loud loving outgoing prefers adult attention quiet sensitive serious shares-well social spontaneous stubborn other: List of words:
Are there additional personality and behavior characteristics that would be useful to know about your child?

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?
What causes your child to feel angry or frustrated?
Is your child toilet trained? ☐ Yes ☐ No Does your child need assistance when using the toilet? ☐ Yes ☐ No If so, how?
What time does your child normally got to bed at night and wake up in the morning?
What time(s) and for how long does your child usually nap?
What you are you and/or child excited about as he/she starts in this program?
What might you and/or child be anxious about as he/she starts in this program?
What are your expectations of this program?
What other information would be helpful for the staff caring for your child to know?
Parent/Guardian's Signature Date

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DEPARTMENT OF EARLY CHILDHOOD EDUCATION TRANSPORTATION ARRANGEMENTS

Please complete for all ECE students:

I understand that transportation is not provided for Early Childhood Education students unless my child has an Individualized Education Plan.

_____

Parent/Guardian Signature Date

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Transportation Arrangements: Please indicate below

☐ Car Rider

☐ Daycare Van Rider

☐ Walker

☐ Bus Rider (option available for students with Individualized Education Plans)

If a car rider or walker, please list the adult(s) that you authorize to drop off and/or pick up your child from school.

_____

Name Relationship Phone #

_____

Name Relationship Phone #

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DEVELOPMENTAL AND EDUCATIONAL GOALS FOR STEP UP TO QUALITY (SUTQ)

Parents - Please assist us in developing an educational goal for your child by completing the shaded portions of this form. We will review it together during our first meeting of the year.

Name of Child	
Date of Birth	
Developmental / Educational Goals ***Please select at least two goals from the bank to the right or write in your own goal for your child**	☐ I would like my child to expand their attention to a task or activities (non-electronic devices) ☐ I would like for my child to increase their problem solving and conflict resolution skills. ☐ I would like for my child to play with friends in the class and develop social-emotional skills, i.e. learning to manage their emotions, develop empathy for others and establish and maintaining positive relationships with others ☐ I would like for my child to improve their self-help skills and independence skills (i.e., getting dressed) ☐ I would like for my child to be able to count 1-10 ☐ I would like for my child to know the alphabet and the letters in their name ☐ I would like for my child to improve their "writing" or drawing for a variety of purposes ☐ I would like for my child to increase their ability to follow more complex directions ☐ Other:_____ _____
Action Steps	• Parent Completes "Family Information" form • Teacher reviews the form with the parent and asks clarifying questions • Teacher completes curriculum-based baseline assessment to gather additional data about potential goals • Parent and teacher agree upon 2 educational/developmental goals collaboratively • Progress towards goals are communicated at Parent/Teacher conferences and in student Report Cards
Person(s) Responsible	Classroom teacher, parent/guardian, outside agencies/community partners

Rev. 03.15.2019

Resources Needed	☐ Visual timers ☐ Additional language/literacy books, games, technology ☐ Wait time for independence ☐ Technology ☐ Social skills books and resources ☐ Repeated practice ☐ Multi-sensory approaches towards learning ☐ Other:_____
1st Meeting Comments or Progress	
2nd Meeting Comments or Progress	

1st Meeting Review:

Teacher Signature: _____ Date:_____

Parent Signature:_____ Date:_____

2nd Meeting Review:

Teacher Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Rev. 3.15.2019

Ready4Success

Parent Release for Child Information, Early Reading and Early Math Screenings

Our preschool program is committed to supporting your child by providing early learning experiences that will help him or her be kindergarten ready. We are partnering with the Ohio State University's **Ready4Success** initiative and Early Start Columbus to receive assistance for early reading and math. By signing this **Permission Release,** your child's teacher will receive information that will help us plan lessons that will support your child's learning.

I hereby grant permission for_____
(Child's Legal Name)

be administered the Get Ready to Read and/or Preschool Early Numeracy Skills Test in the Fall of the current school year (pre-screening) and in the Spring of current school year (post screening). This information will be used by my teacher to identify instructional strategies that will help my child with early reading and early math development.

I give permission to Columbus City Schools
(Provider Name)

to share the screening results and basic information (e.g. date of birth, language and race) with Ready4Success, *Future*Ready Columbus, HMB, Early Start Columbus and/or the receiving school. I also permit the Crane Center for Early Childhood Research and Policy to obtain my child's Kindergarten Readiness Assessment information from the school district so that we may share these results with my child's preschool program for program improvement.

I understand that this information will be kept confidential and used only for improvement measures by the program. I understand that all personal information will be kept confidential.

Child's Legal Name (First, Middle, Last) (printed)	Child's Date of Birth
Parent/Guardian's Legal Name (printed)	
Parent/Guardian's Signature	Parent/Guardian's Signature

☐ By clicking the box I am acknowledging that the name typed above is being used as an electronic signature.

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Columbus City Schools
Health, Family and Community Services

Preschool Medical Form

NOTE: All Pre-Kindergarten children entering Columbus City Schools are required to have medical and dental examinations within the current calendar year. This information is confidential and becomes a part of the student's cumulative record.

Name_____ Address_____
School_____Grade_____Room_____ Date of Birth_____

HEALTH SCREENING:

Height_____ Weight_____ Visual Acuity: Right_____ Left_____
Hearing Acuity: Right_____ Left_____
Date of Exam ___ Strabismus:_____ Color vision_____

IMMUNIZATION REQUIREMENTS:

Section 3313.671 of the Ohio Revised Code requires children of school age to be immunized against diphtheria, whooping cough, tetanus, polio, rubeola, rubella, mumps and Hepatitis B.

DtaP, DPT, DT					
Polio					
MMR					
Hepatitis B					
Varicella					
Hib					
TB Test		Results			
Other					
Other					

PHYSICAL EXAMINATION:

Surgical History:

Medical History:

Current medical diagnosis:

Allergies:

Medications:

Head and Neck_____
BP_____
Orthopedic_____
Chest_____Heart_____
Lungs_____ Abdomen_____
Hernia_____Extremities_____
Neurological_____
Behavioral/Emotional_____
_____

Urinalysis	
Hemoglobin	
Sickle Cell	
Serum Lead	
Other Labs	

Please indicate any physical activity restrictions or required adaptations to physical education program:

Based upon this child's medical history and physical condition at the time of examination, this child is free from apparent communicable disease and is in suitable condition for enrollment in an early childhood education program within Columbus City Schools.

Date of Exam_____ Health Care Provider Signature_____
Phone_____ Provider printed name or stamp_____

FAX Form to (614)365-8745

Rev. 03/2019

COLUMBUS CITY SCHOOLS
HEALTH, FAMILY AND COMMUNITY SERVICES

DENTAL RECORD
(To be completed by the dentist)

SCHOOL _____

NAME _____

ADDRESS _____

PHONE # _____ BIRTHDATE _____

PARENT NAME _____

Child was examined on _____
(Date)

The following services have been performed: (*Please Check*)

Radiographs _____

Oral Prophylaxis _____

Fluoride Treatment _____

Restorations _____

The following statements are applicable: (*Please Check)*

All necessary services have been performed _____

No restorative services are required at this time _____

The child is in treatment and future appointments have been arranged _____

_____,D.D.S.
Signature

Approved: Columbus Dental Society

**** Please Fax completed form to the nurse at 614-365-8745 ****