

BOWLING GREEN CITY SCHOOL DISTRICT ADMISSION AGREEMENT

Students are enrolled in the Bowling Green School District under strict guidelines established by Ohio Law-Ohio Revised Code especially the Missing Children Act. Please understand the necessity of the statutory requirements listed below:

Parent means either parent unless the parents are separated or divorced, in which case *parent* means the parent/guardian with legal custody of the child. Only students who live in the school district with a *parent* as defined above may be registered for admission to the Bowling Green City School District. (See Reference #3 below.)

Students who live outside the district may be admitted, if approved, via the inter-district enrollment. The same procedures will apply.

School administrators will require proof of legal custody prior to admitting any student.

- 1) A parent/legal guardian must accompany the child and complete school forms before enrollment can take place.
- 2) Show proof of the age of the child.
 - a. birth certificate is preferred, but the following will be accepted:
 - i. a passport or attested passport transcript showing the date and the place of birth.
 - ii. an attested transcript of a birth certificate.
 - iii. an attested transcript of a baptism certificate or other religious record showing the date and place of birth.
 - iv. an attested transcript of a hospital record with the date and place of the birth.
 - v. a birth affidavit.

If the child's parent/guardian needs to obtain a birth certificate, they may call the Wood County Health District at 419-354-1050

- 3) Show proof of custody if a divorce or separation is involved or the name of the enrolling person is different from the names on the proof of age document. This must be a court assigned custody, signed by a judge, as opposed to a letter from an attorney or notary. If the appropriate documents are not available, see #7 below.

Does the child live with:

- both natural parents: married (no custody papers required)
- natural mother: no father listed on birth certificate (no custody papers required)
- natural mother: father listed on birth certificate, never married (no custody papers required—unmarried female who gives birth to a child is the "sole residential parent and legal custodian" of the child until a court declares otherwise)
- natural father: mother & father listed on birth certificate, never married (CUSTODY PAPERS REQUIRED—unmarried female who gives birth to a child is the "sole residential parent and legal custodian" of the child until a court declares otherwise)
- both natural parents: separated, not divorced (no custody papers required; birth certificate required)
- both natural parents: together, not married (no custody papers required; birth certificate required)
- adoptive parents (adoption papers required)
- one natural parent and one step-parent: other natural parent deceased (no custody papers required)
- one natural parent: other parent deceased (no custody papers required)
- one natural parent and one step-parent (CUSTODY PAPERS REQUIRED)
- one natural parent: other parent living (CUSTODY PAPERS REQUIRED)
- neither natural parent (CUSTODY PAPERS REQUIRED)
- grandparents - A child in the custody of the parent, but resides with the grandparent **[and does not require special education]**, may attend school where the grandparent lives IF PRIOR to enrollment in any school year, produces a **power or attorney or caretaker authorization affidavit** that has been notarized and filed with the juvenile court or court of appropriate jurisdiction foster parents or legal guardian: An official court journal entry, including custody information and school district responsible for tuition [Ohio Revised Code (ORC) 2151.357]

- 4) Proof of Residency - Proof of residency is required in the form of dated:
 - a. property tax statement, current voter registration card
 - b. real estate purchase/sales agreement for a house, a lease or rental contract, current rent payment receipt
 - c. current gas, water, or electric bill (within the last 30 days). If appropriate proof of residency is not available, see #7 below.

5) Health Documents Required

- a. Proof of Immunizations - The parents must supply information pertaining to certain State Required immunizations and other health related information necessary for the safe participation of the child in the educational program. (A religious/philosophical waiver is available.)
- b. Physical Examination - For entrance in the Bowling Green Schools, each child should present a report of physical (also dental for kindergarten) examination by a licensed doctor. The required Ohio Department of Health (ODH) Physical Examination form is available from the on-line system. [Most children will have had an exam at the initial enrollment in school at the kindergarten level, and it will be included in the information sent by the previous district. If this exam is not available from the previous school, a physical will need to be completed as part of the entrance requirements.]
- c. Emergency Medical Authorization Form - Parents/guardians are required to provide the school with emergency medical information to be used in case of emergency. The law requires that this information be updated each year even if there is no change in status. Students will not be permitted to attend school unless this information is provided, and the information may be taken to any school activity the student attends away from school. (A religious/ philosophical waiver is available.)

6) Academic and Attendance History - Information regarding Honors or special classes from the previous school are critical in placing the student into the appropriate academic program. Parents will be required to sign a release form giving permission for the previous district to send official records of the child.

Home Schooled Student Placement in School - ORC 3301-34-06: The school district or residence shall enroll or reenroll a child who has been home educated without discrimination or prejudice. The Superintendent shall determine the appropriate placement of such child in accordance with Section 3319.01 of the Revised Code. In making the placement decision, the Superintendent shall consider:

- a. The child’s most recent annual academic assessment report;
- b. Requiring the child to take any or all of the nationally normed, standardized achievement tests that are regularly scheduled for district pupils of similar age; and
- c. Other evaluation information that may include interviews with the child and/or parent(s).]

7. **If the parent is unable to provide the information required above, the student will not be enrolled.** If extenuating circumstances exist, the Principal or Superintendent may authorize the enrollment of the student and allow the following time limits to produce the necessary documents:

- a. The parent/legal guardian may be granted **ten (10)** school days to produce the birth certificate and/or custody papers and the previous school's records. If the documents are not produced, this **ten (10)** day period expires and the **child will be withdrawn from school**. Police authorities will be notified that the child may be a missing child under Ohio law (ORC 2901.13).
- b. If custody of the child is in the process of being transferred, the parent/legal guardian will be given an affidavit stating that a change of custody is in progress. **The duly notarized affidavit must be returned in five school days. If the affidavit is not returned, the child will be withdrawn from school.** Police authorities will be notified that the child may be a missing child under Ohio law (ORC 2901.03). After receipt of the affidavit, the parent/legal guardian will have sixty **(60) days to produce the custody papers**. If the papers are not produced, the child will be withdrawn from school. Police authorities will be notified that the child may be a missing child under Ohio law (ORC 2901.30).
- c. **Proof of residency must be received in five (5) school days.** If proof of residency is not received, the child will be withdrawn. Police authorities will be notified that the child may be a missing child under Ohio law (ORC 2901.03).

I have read and understand the document requirements and final dates for submission. I understand my child will be withdrawn from school and legal authorities will be notified if I cannot produce these documents.

Parent/Legal Guardian Signature

Date

Printed Name of the Student

Administrative Office Use Only

IF #7-UNABLE TO PROVIDE REQUIRED DOCUMENTATION

Approved _____ Date _____
Superintendent or Administrative Offices designee



Bowling Green Preschool
Bowling Green, OH 43402
(419) 352-3576



Allergic Reactions
(Required of ALL children)

Child's Name _____ Date _____

My child has no known allergic reactions.

My child has the following allergies:

Parent Signature _____ Date _____

Food

Food _____
Reaction _____
Treatment _____

Food _____
Reaction _____
Treatment _____

Food _____
Reaction _____
Treatment _____

Food _____
Reaction _____
Treatment _____

Other

Bee Stings _____
Reaction _____
Treatment _____

Latex (balloons, gloves) _____
Reaction _____
Treatment _____

Pets _____
Reaction _____
Treatment _____

Other _____
Reaction _____
Treatment _____

Note: Attach additional pages/information as necessary.



Bowling Green Preschool

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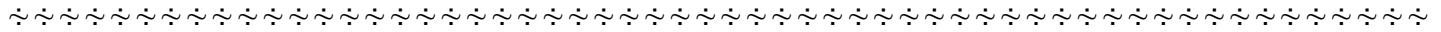
Child History

(Children new to program only)

Date _____

Person completing form _____

Relationship to child _____

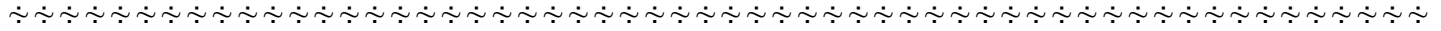


Child Information (please print using ink)

Name _____

Male

Female



Other Family Information

With whom has the child lived for most of the past year?

Natural/Adoptive Parent

Both

Guardian

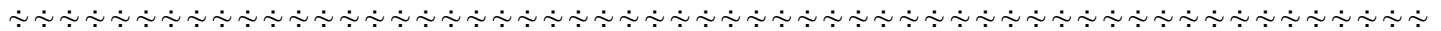
Other (specify) _____

Name(s) of parent(s)/guardian(s) child lived with: _____

Other children in the family – List name(s) and age(s) _____

Other people living in the household _____

What language(s) are spoken at home? English Other (specify) _____



Preschool/Child History

Has your child attended preschool/child care before? Yes No

If yes, for how long? _____ Where? _____

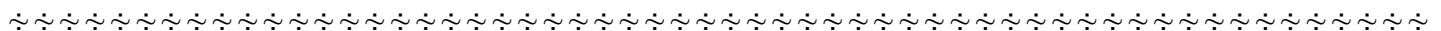
Support Services

Has your child received any therapeutic services? (Speech/Language, Counseling, Occupational Therapy)

Yes If yes, which therapy? _____ Date _____

If yes, please provide copies of reports.

No



Medical History

Birth Were there any significant complications during pregnancy? Yes No

If yes, please explain _____

Delivery (please check ones that apply)

Full Term

Vaginal Delivery

Premature (how early _____)

Caesarean Delivery

Overdue (how long _____)

Forceps

Did baby go home from hospital with birth mother? Yes No

If no, please explain _____

Birth weight _____

Was medical intervention needed for the child following birth? Yes No

If yes, please explain _____

Child's Health Since Birth

Vision Has your child had trouble seeing? Yes No
Does your child hold books and objects close to their face? Yes No
Have your child's eyes ever looked crossed? Yes No
Has your child been to an eye doctor for an examination? Yes No
Doctor _____ Date _____
(please provide a copy of your report if available)
Additional information _____

Hearing Has your child had frequent ear infections? Yes No
Has your child ever had trouble hearing? Yes No
Has your child's hearing been tested? Yes No
By whom? _____ Date _____
(please provide a copy of your report if available)
Additional information _____

Medical Diagnosis

Has your child received any medical diagnosis? Yes No
If yes, please explain _____

Coordination Has your child ever had trouble walking, climbing, reaching or holding things? Yes No
If yes, please explain _____

Dental Has your child ever been seen by a dentist? Yes No
Are there any dental problems? Yes No
If yes, please explain _____

Health Has your child ever had any significant injuries? Yes No
If yes, please explain _____
Has your child been hospitalized? Yes No
If yes, please explain _____

Revised October

Medical History continued

Does your child have an ongoing medical service provider? Yes No
Has your child ever had wheezing or asthma? Yes No
If yes, how is it treated? (medication, breathing machine) _____

Is your child on any type of medication? Yes No
If yes, please explain _____

Please describe any other health concerns _____

Has your child had chicken pox? Yes No

Nutrition

Does your child eat or chew things (paper, dirt, eraser) that are not food? Yes No
 If so, what _____

Is your child on a special diet? Yes No
 If so, what kind? _____

Does your child have trouble chewing/swallowing? Yes No
 Do you have any concerns about your child's nutritional status or eating habits? Yes No
 If yes, please explain _____
 What are your child's favorite foods? _____

Child's Development

Behavior

Check behaviors that may apply to your child:

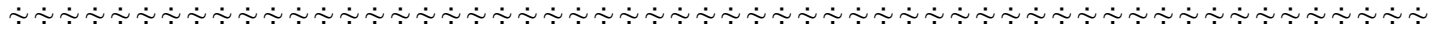
- | | | |
|---|--|---|
| <input type="checkbox"/> Is very quiet | <input type="checkbox"/> Is affectionate | <input type="checkbox"/> Is destructive |
| <input type="checkbox"/> Bites nails | <input type="checkbox"/> Is irritable | <input type="checkbox"/> Has temper tantrums |
| <input type="checkbox"/> Wets bed | <input type="checkbox"/> Is highly active | <input type="checkbox"/> Has toileting accidents |
| <input type="checkbox"/> Is often afraid | <input type="checkbox"/> Sucks thumb | <input type="checkbox"/> Does not sleep through night |
| <input type="checkbox"/> Has short attention span | <input type="checkbox"/> Difficult to parent | <input type="checkbox"/> Has difficulty playing with other children |
| <input type="checkbox"/> Has difficulty separating from parents | | |

Please explain _____

| | | |
|---|------------------------------|-----------------------------|
| Can your child – feed themselves using a spoon and/or fork? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| wash and dry their own hands? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| help with dressing or dress with little assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| toilet independently? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| stay with a baby sitter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| speak so that they can be understood by others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| express their thoughts and needs easily? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | |
|---|------------------------------|-----------------------------|
| Does your child – play with blocks, boxes, cups, or other construction toys without help? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| use crayons and/or markers to scribble or draw? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| listen to stories being read? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| turn pages of a book and look at pictures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| recall stories or events? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| enjoy playing alone or with imaginary friends? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| talk with your friends/relatives who come to visit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| follow simple, age-appropriate directions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Revised October 2021



Do you have any concerns about your child's development? Yes No
 If yes, please explain _____

Are there other things you would like to tell us about your child? _____



Bowling Green Preschool

Bowling Green, OH 43402
(419) 352-3576



Child Interest

Date _____

Person completing form _____

Relationship to child _____

Child Information (please print using ink)

Name _____

Family

Parent/Legal
Guardian

Name _____

Occupation (be specific) _____

Parent/Legal
Guardian

Name _____

Occupation (be specific) _____

Other Family Information

With whom has the child lived for most of the past year?

Natural/Adoptive Parent Both Guardian

Other (specify) _____

Name(s) of Parent(s)/Guardian(s) child lived with: _____

Other children in the family – List name(s) and age(s) _____

Other people living in the household _____

What language(s) are spoken at home? English Other (specify) _____

Medical History

Is your child on any type of medication? Yes No

If yes, please explain _____

Please describe any other health concerns _____

Nutrition

Is your child on a special diet? Yes No

If so, what kind? _____

Does your child have trouble chewing/swallowing? Yes No

Do you have any concerns about your child's nutritional status or eating habits? Yes No

If yes, please explain _____

What are your child's favorite foods? _____

Child's Development

Do you have any concerns about your child's development in the following areas?

Behavior _____

Self Care _____

Social _____

Speech _____

Are there other things you would like to tell us about your child? _____

Child Interest Survey

Preschool children learn best when they have had first-hand experiences and when they are highly interested. In order to maximize children's learning at the preschool age, teachers construct learning activities based on the children's experiences and interest. We need your assistance in helping us create the best learning environment for your child by identifying some of your child's experiences and interests.

1. What are your goals in having your child attend preschool? _____

2. What are your child's favorite activities? _____

3. How does your child spend most of his time? _____

4. What television programs are favorites? _____

5. What experiences has your child had that have been especially meaningful? (vacation, family event, moving, etc.) _____

6. What holidays does your family celebrate? _____

Any special customs? _____

7. Are there any family/cultural traditions/food that we might include in our class program? If yes, please explain: _____

8. Which topics might be of special interest to your child?

Community helpers (policeman, fireperson, dentist, doctor, etc.)

Nursery rhymes

Transportation

Animals

Food

Please add other interests _____



Child Medical Statement

To be completed by physician



Child's Name _____

Date of Birth _____

Height _____

Weight _____

Limitations or health conditions (including allergies, medications, and dietary restrictions)

| |
|--|
| |
| |
| |
| |
| |

Attach a copy of the child's immunization record with dates of doses of all immunizations

| Immunizations | Please Circle One | |
|------------------|-------------------|----|
| Complete for age | Yes | No |
| In Process | Yes | No |

| Exempt from Immunizations | Please Circle One | |
|---------------------------|-------------------|----|
| Religious Conviction | Yes | No |
| Medically Contraindicated | Yes | No |

| Required for children enrolled in an Early Childhood Education Grant Program or Preschool Special Education Program | | | Reason not completed (Check which applies) | |
|---|-----------------------------|----|--|---|
| Assessments/Screenings | Completed Please circle one | | Health Professional Decision | Other (Examples: religious conviction, insurance coverage, etc.) Please explain |
| Vision | Yes | No | | |
| Hearing | Yes | No | | |
| Dental | Yes | No | | |
| Lead | Yes | No | | |
| Hemoglobin | Yes | No | | |

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

| | |
|---|---------------|
| Signature of Examining Physician/Physician's Assistant or Advanced Practical Nurse (Circle One) | Date of Exam: |
| Address: | |
| Phone: | |



Bowling Green Preschool
Bowling Green, OH 43402
(419) 352-3576



Child Screenings
(Required of All children)

In order to provide appropriate programming for all children, the Bowling Green Preschool team (teachers, psychologist, and therapist) may conduct child screenings during the year. These screenings will be conducted during the regular school day. Teacher observations will be ongoing throughout the year.

Any or all of the following may occur:

1. Review of relevant child records;
2. Interview with parent
3. Observation(s) of child; and
4. Screenings (developmental, vision, hearing, behavior, speech, and language)

Parents will be notified if there are any areas of possible concern.

Child's Development

Do you have any concerns about your child's development in the following areas?

Behavior _____

Self-Care _____

Social _____

I understand that the Bowling Green Preschool Team will be screening my child in order to provide appropriate educational programming.

Childs Name

Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian



Bowling Green Preschool
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Child's Name _____

Home Phone _____

Parent/Guardian Name(s) _____

Work/Cell # _____

Address _____

City/State/Zip _____

PLEASE COMPLETE THIS CHECKLIST:

1. Number of people in your household: _____
2. Circle your approximate total family income below according to the number of family members in your household.

United States Department of Health and Human Services
2023-2024 Federal Poverty Guidelines*

| Household Size | 100% | 125% | 150% | 175% | 185% | 200% |
|----------------|-----------------|-------------|-------------|-------------|-------------|--------------|
| 1 | \$0 to \$14,580 | To \$18,225 | To \$21,870 | To \$25,515 | To \$26,973 | To \$29,160 |
| 2 | \$0 to \$19,720 | To \$24,650 | To \$29,580 | To \$34,510 | To \$36,482 | To \$39,440 |
| 3 | \$0 to \$24,860 | To \$31,075 | To \$37,290 | To \$43,505 | To \$45,991 | To \$49,720 |
| 4 | \$0 to \$30,000 | To \$37,500 | To \$45,000 | To \$52,200 | To \$55,500 | To \$60,000 |
| 5 | \$0 to \$35,140 | To \$43,925 | To \$52,710 | To \$61,495 | To \$65,009 | To \$70,280 |
| 6 | \$0 to \$40,280 | To \$50,350 | To \$60,420 | To \$70,490 | To \$74,518 | To \$80,560 |
| 7 | \$0 to \$45,420 | To \$56,775 | To \$68,130 | To \$79,485 | To \$84,027 | To \$90,840 |
| 8 | \$0 to \$50,560 | To \$63,200 | To \$75,840 | To \$88,480 | To \$93,536 | To \$101,120 |

Annual Family Income: For family units with more than 8 members, add \$4,480 for each additional member. (Updated 2/1/2023)

____ I / we verify that this information is accurate and will notify the Bowling Green Preschool if our income changes during the year.

____ We prefer not to provide this inform



Bowling Green Schools
"Preschool Peer Program"
Application 2023-2024 School Year

| | | |
|---|---|-------------------|
| Child's Name (first, middle, last) | | |
| Child's Address: | Child's Ethnicity : <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Black/African American (non-Hispanic) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White (non-Hispanic) | |
| Child's Gender (circle one) Male Female | Date of Birth: | Birth Place City: |
| Home Phone: | Daytime Phone: | |
| Mother's Name: | Father's Name: | |

Please indicate your preference:

Session: Please understand that these are only preferences and not a guarantee of assignment or time.
Times subject to change.

_____ A.M. (9:00-11:30, Monday thru Thursday)
_____ P.M. (12:30-3:00, Monday thru Thursday)

Please read the following statements and initial your agreement on each line.

Transportation:

_____ I agree that I will provide transportation to and from school.
Children are not permitted to arrive early or stay late.

Program Fees:

_____ I agree to pay \$6.25 per day and make payments by the 1st day of every month or I will forfeit my child's participation in the program.
_____ I acknowledge that adjustments to the May invoice will be made for school delays (morning students only) and school cancellations (all students) if payment for the school year is up-to-date. There is no reimbursement for student absences.

Forms:

_____ I agree to submit all required forms, including medical forms signed by a licensed physician, by the designated date or I will forfeit my child's participation in the program.

Parent Signature: _____

Date: _____