

APPLICATION

Highland Local Schools-Preschool Program

Please Choose the Program Year			
<input type="checkbox"/> 2021-2022	<input type="checkbox"/> 2022-2023	<input type="checkbox"/> 2023-2024	<input type="checkbox"/> 2024-2025
Please Choose Your Time Preference (Classes are ½ day Monday-Thursday)			
<input type="checkbox"/> A.M		<input type="checkbox"/> P.M	

<u>Child's Information</u>			
Child's Full Name:	(First)	(Middle)	(Last)
Home Phone Number	()		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: / /	School District of Residence:		County:
Street Address:		City:	Zip:
Mailing Address if Different:		City:	Zip:
Is your child on an Individualized Education Plan (IEP)? <input type="checkbox"/> Yes – Please indicate the school district's name: <input type="checkbox"/> No			
What is the language primarily spoken in the home?:			
Are their custody papers regarding this child? <input type="checkbox"/> Yes – Copy of custody papers will be needed. Who is residential parent?: <input type="checkbox"/> No			
Who does the child live with? <input type="checkbox"/> Mother, Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparents <input type="checkbox"/> Mother, Step-Father <input type="checkbox"/> Father, Step-Mother <input type="checkbox"/> Foster Family <input type="checkbox"/> Adoptive Family <input type="checkbox"/> Other (Name):			

<u>Parent/Guardian Contact Information</u>	
1)Parent/Guardian's First & Last Name:	Relationship to Child:
Home/Cell Phone:	Email Address:
2)Parent/Guardian's First & Last Name:	Relationship to Child:
Home/Cell Phone:	

Medical Information

Does your child have any health/physical problems that we should be aware of?
Provide any documentation that you feel is pertinent.

Has your child had a recent vision/hearing assessment? Yes No

Does your child have a history of ear infections? Yes No

Does your child receive Speech, Occupational Therapy, Physical Therapy, or Vision Therapy?

Yes No If so, where: _____

Developmental Questions

Do you have any concerns on your child tripping or falling frequently? Yes No

Does your child bump into things or seem unaware of their surroundings? Yes No

Does your child avoid playing on playground equipment (like swings, slides, or climbing equipment)? Yes No

Is your child able to:

Hold a crayon and color/draw? Yes No

Pull up their zipper? Yes No

Complete simple puzzles? Yes No

Imitate song movements with his body, hands and arms? Yes No

Do they drink out of a regular cup? Yes No

Do they use silverware? Yes No

Dress/undress themselves? Yes No

How does your child communicate?

body language gestures sign language vocalizations words sentences

How much of your child's speech do you understand? _____ %

How many words does your child use? _____

What types of errors do you notice your child making? _____

Can your child express his/her wants, needs, and feelings with you? _____

Does your child understand most sentences you say? _____

Can your child point to most objects you name? _____

Can your child follow simple directions? _____

Does your child answer simple WHO, WHAT, WHERE questions? _____

Other Information

Comments and other information we may need:

**Enrollment is determined on a first-come, first-served basis within the parameters of our program license. Older children may receive priority over younger children in order to provide them a preschool experience before Kindergarten. Priority is given to returning students as well as student's residing in district. Admission is open to children without regard to religion, sex, race, creed, national origin, or disability.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Please return this application by one of the following options:

Email: preschool@hlsd.us

Mail: Highland Preschool, 1250 Township Rd 16, Marengo, OH 43334

Office Use Only:

Date Received: _____