

# Highland Preschool Application

<b>Please Choose the Program Year</b>		
<input type="checkbox"/> 2024-2025	<input type="checkbox"/> 2025-2026	<input type="checkbox"/> 2026-2027
<b>Please Choose Your Time Preference (Classes are ½ day Monday-Thursday)</b>		
<input type="checkbox"/> A.M	<input type="checkbox"/> P.M	

<b><u>Child's Information</u></b>			
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):			

<b><u>Parent/Guardian Contact Information</u></b>	
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?

Do you have any concerns regarding your child's development?

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

Yes  No If so, where: \_\_\_\_\_

**Other Information**

Is your child potty trained?

Comments and other information we may need:

This application is the first step in the enrollment process. Once your child is accepted into a classroom, the completion of enrollment through FinalForms and uploaded documentation will be required.

\*\*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: \_\_\_\_\_