

Please List All Family Income

<i>Name</i>	<i>Monthly Income</i>	<i>Employer</i>

Please list below all adults & children living at this address

<i>Name</i>	<i>Relationship to child</i>	<i>Birth Date</i>

Per Month Fee Income Verification Schedule

Family Size	100% I Free	125% II Free	150% III \$34.00	175% IV \$53.00	185% V \$68.00	200% VI 86.00	250% VII \$119.00	300% VIII \$138.00	300+ % IX \$154.00
1	\$12,140	\$15,175	\$18,210	\$21,245	\$22,459	\$24,280	\$30,350	\$36,420	\$36,421
2	16,460	20,575	24,690	28,805	30,451	32,920	41,150	49,380	49,381
3	20,780	25,975	31,170	36,365	38,443	41,560	51,950	62,340	62,341
4	25,100	31,375	37,650	43,925	46,435	50,200	62,750	75,300	75,301
5	29,420	36,775	44,130	51,485	54,427	58,840	73,550	88,260	88,261
6	33,740	42,175	50,610	59,045	62,419	67,480	84,350	101,220	101,221
7	38,060	47,575	57,090	66,605	70,411	76,120	95,150	114,180	114,181
8	42,380	52,975	63,570	74,165	78,403	84,760	105,950	127,140	127,141
For families with more than 8 members	Add \$4,180 for each add'l person	Add \$5,225 for each add'l person	Add \$6,270 for each add'l person	Add \$ 7,315 for each add'l person	Add \$7,733 for each add'l person	Add \$8,360 for each add'l person	Add \$9,405 for each add'l person	Add \$1,045 for each add'l person	Add \$1,046 for each add'l person

Income verification must be submitted for application to be processed for enrollment.

State Requirement Income verification documents must be sent in with this application. One of three methods are acceptable: W-2 forms or Federal Tax Forms from previous year or if your child has a Medicaid/Medicare card, we need the number on the card.

Medicaid/Medicare # _____

Penalties for Misrepresentation

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of federal funds, that program officials may verify the information on the application, and that deliberate misrepresentation of the information might subject me to prosecution under applicable state and federal criminal laws.

Signature of Parent/Guardian _____ **Date** _____

Agency Use Only: CAT _____ PDR _____ Date _____ ID# _____

Ohio Department of Job and Family Services
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 <i>(First, Middle, Last)</i>	Relationship to You <i>(spouse, son, friend, etc.)</i>	Race	Hispanic or Latino <i>Y or N</i>	Spoken Language	Date of Birth	Gender <i>M or F</i>	U.S. Citizen <i>Y or N</i>
	Self	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> 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) <i>Check all that apply</i>
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> 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) <i>Check all that apply</i>
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> 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) <i>Check all that apply</i>
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> 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)
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____

Do you or anyone in your household pay Child or Spousal Support? Yes No

How Much?

Signature of Applicant

Date

MUSKINGUM VALLEY PRESCHOOL
PERRY COUNTY PROGRAMS
PERMISSION FORM



Please READ and then SIGN each form

Child's Name _____ Date _____

Parent/Guardian Name _____

Field Trip Permission Form

Visits to places of educational interest are planned during each school year. Teachers and assistants always accompany the students and, if transportation is needed, school buses will be provided. Field trips are always announced in advance.

The teacher in charge will provide supervision and care which will help to insure safety for each child. Parents are encouraged to come along.

_____ Yes, my child may go on planned field trips.

_____ No, I do not want my child to go on planned field trips. I will keep my child home those days.

Parent /Guardian Signature

Release of Information

My child's records may be shared with other involved agencies as part of a team effort to support my child's education. Those agencies could include, but are not limited to: Head Start, Health Department, Family Service Organizations, Local School District, etc.

_____ Yes, I give my permission to share my child's records with other involved agencies.

_____ No, I do not give my permission to share my child's records with other involved agencies.

Parent/Guardian Signature

Roster Permission

According to Revised Code 3301.52 and 3301.56, we must prepare a roster (child's name, parent's name, and phone number) of each group of children and make this available to parents upon request. We will insure that this roster will not be furnished to anyone other than a parent. Please check "yes" or "no" and sign below.

_____ Yes, I would like my child's information on the class roster.

_____ No, I do not want any information pertaining to my child on the class roster.

Parent/Guardian Signature

Photograph/Video/Electronic/Social Media Permission

Throughout our school year, individuals (teachers, parents, newspaper reporters, etc.) may be taping or taking pictures of the activities at our different locations and using your child's photo/image and personally identifiable information (name, age) for publication in the newspaper, for advertising purposes, public awareness, preschool newsletter, the MVESC website, the MVESC or classroom Facebook page, and/or other social media outlets and publications. Please check "yes" or "no" and sign below.

_____ Yes, my child's photo and personally identifiable information can be used. (If you wish to rescind this agreement, you may do so at any time in writing by sending a letter to the classroom teacher or Program Director.)

_____ No, my child's photo and personally identifiable information **CANNOT** be used.

Parent/Guardian Signature

Transportation Permission

I, the undersigned, request and authorize bus transportation for: _____. I assure that an adult will be available to help the child board the bus at pick-up time and get off the bus at drop-off time.

Details for pick-up and drop-off, if different from home address:

Please list the people your child can be released to:

Name _____	Phone _____	DL# _____
Name _____	Phone _____	DL# _____
Name _____	Phone _____	DL# _____
Name _____	Phone _____	DL# _____

Is there anyone your child **CANNOT** be released to: _____ Yes _____ No

If so, who? _____

Parent/Guardian Signature

Muskingum Valley Preschool-Perry County Programs
Emergency Medical Authorization



Child's Name _____ Sex _____ Date of Birth _____

Address _____ Phone _____

Mother's Name _____

Home Address _____ Phone _____

Employer _____ Address _____ Phone _____

Father's Name _____

Home Address _____ Phone _____

Employer _____ Address _____ Phone _____

Other telephone # where parents can be reached: Mother _____ Father _____

People to be contacted in the event of an emergency if the parent cannot be reached:

Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Relationship to child _____	Relationship to child _____
Phone # _____	Phone # _____
Physician or Clinic _____	Dentist or Clinic _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone # _____	Phone # _____

Either Part I or Part II below must be complete. Do not complete both.

Part I: Permission to Transport Child

I give Muskingum Valley Preschool my permission to transport my child _____ name of child
_____ for emergency medical care or to _____ hospital/clinic for emergency
_____ dentist dental care or to nearest available source of assistance.

PARENT SIGNATURE _____ DATE _____

Part II: Refusal to Grant Permission

I do not give permission to Muskingum Valley Preschool to transport my child _____ for emergency
medical or dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish the child
care facility to take the following actions:

PARENT SIGNATURE _____ DATE _____

HEALTH RECORD

1. List all allergies and any special precautions and treatment indicated for these allergies. (eg., foods, medications, or environmental allergies).

2. List medications: including food supplements, modified diets or fluoride supplements currently being administered to the child.

3. List any chronic physical problems and any history of hospitalization.

4. List any diseases the child has had.

I do not give permission to Muskingum Valley Preschool to:

PARENT SIGNATURE _____ DATE _____

Muskingum Valley Preschool
 Perry County Programs
 P.O. Box 173
 Junction City, Ohio 43748
 PH: 740-343-0680 FAX: 740-343-0683



MUSKINGUM VALLEY PRESCHOOL-PERRY COUNTY PROGRAMS CHILD MEDICAL STATEMENT

CHILD'S NAME _____ DATE OF BIRTH _____

HEIGHT _____ WEIGHT _____

LIMITATIONS OF HEALTH CONDITION (INCLUDING ALLERGIES, MEDICATIONS, DIETARY RESTRICTIONS)

IMMUNIZATIONS	<i>Please circle one</i>	
Complete for age	Yes	No
In Progress	Yes	No

EXEMPT FROM IMMUNIZATIONS	<i>Please circle one</i>	
Religious conviction	Yes	No
Health concern	Yes	No
Other: _____		

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)		Date completed	Health professional decision	Examples: religious conviction, insurance coverage, other
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/PHYSICIANS ASSISTANT OR ADVANCED PRACTICE NURSE (CIRCLE ONE) ADDRESS: _____ PHONE: () _____	DATE OF EXAM
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PERINATAL HISTORY

Did the mother have any unusual physical or emotional illness during this pregnancy? ___ no ___ yes.
If yes, explain briefly _____

How old was mother when child was born? ___ Was infant born full term ___ late ___ early ___

Infant's birth weight _____

Any sickness or problems in the nursery at the hospital? ___ no ___ yes.
If yes, please explain _____

DEVELOPMENTAL HISTORY

Give approximate age at which this child: walked alone ___ toilet trained ___ spoke in sentences
___ dressed self ___. How does this child's development compare to other children, such as
his/her brother/sisters or playmates? About same ___ slower ___ faster ___.

ADDITIONAL INFORMATION

What medications, if any, are given daily? _____

What medications are given frequently, but not daily? _____

Child's communication is: ___ verbal ___ non-verbal

Hearing: ___ Hearing impaired Hearing Aid ___ yes ___ no

This child is usually: very active ___ normally active ___ rather inactive ___

Please list any severe injuries or illness: _____

Do you have other comments or concerns about this child's health, development, behavior, family or
home life that you would like the school to be aware of? ___ no ___ yes.

If yes, explain briefly _____

Completed by: _____ Date: _____