



WASHINGTON PRESCHOOL

Findlay City Schools

1100 Broad Avenue Findlay, Ohio 45840

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Preschool Registration Packet: 2017-2018

Welcome to Findlay City Schools Preschool!!

Findlay City Schools offers typical peer classrooms for preschool children as well as integrated special needs classrooms that are a blend of students with disabilities as well as typical peer role models.

The mission of the Findlay City Schools Preschool Program is to provide the children with a variety of age-appropriate play, literacy, learning experiences, technology exploration and social activities so that the children will develop a foundation for future learning. Our classrooms offer an abundance of technology experiences as well as developmentally appropriate hands on experiences.

Through these developmentally appropriate activities, the children discover who they are by relating to the other children, adults, and the environment. Trust, social interaction, and play are seen as the foundations on which children develop problem-solving skills, language, and self-esteem.

Children must turn 3 on or before April 1, 2017 to be eligible for the 2017-2018 school year.

Preschool students in the integrated classrooms (3 and 4 year olds) will attend Monday – Thursday in the morning. The older preschool students (4 and 5 year olds) will attend Monday – Friday in the morning or afternoon sessions. Our program will follow the Findlay City Schools calendar.

The tuition fees for our program are attached. We will have limited tuition scholarships available to those who need economic assistance. In order to qualify for a tuition scholarship, you will need to complete the 2016-2017 Free and Reduced Price School Meals Family Application, which is attached to this packet. At the beginning of the 2017-2018 school year, you will have to complete another Free/Reduced Application to confirm your child's eligibility.

We will be conducting a play-based screening at Washington Preschool on Friday, March 31, 2017. The screening will last about 45 minutes. You will be notified by letter one week prior to screening of your child's assigned time.

In order to be put on the list for the March 31st screening, please complete the forms in the enclosed packet and provide the following information:

Child's Birth Certificate

Social Security Card

Immunization Record

Parent ID (driver's license)

Proof of Residency (example-Lease Agreement, Utility Bill)

Court Papers, if applicable

Please bring the enrollment packet and the above information to the Findlay City School's Welcome Center located in the Administrative Offices at 1100 Broad Avenue.

Should you have any questions, please contact Kathy Young, Preschool Principal at 419-425-8231.

Findlay City Schools Washington Preschool

2017-2018 FEE SCHEDULE

Program Fees: Two payment options are available for both the 4-day and 5-day programs. Parents may opt to make payments every three months (total of 3 payments), or pay in full at the August parent meeting.

The first payment due also includes \$20 for consumable school fees. Parents who pay in full in August will receive a \$30 discount.

There will be limited availability for free tuition to the families who need economic assistance. This will only be available to those who qualify for free/reduced fees. Please fill out the attached Free/Reduced Lunch Application.

4-DAY FEES:

If paying every 3 months:

- \$230 due at August parent meeting
- \$210 due December 1
- \$210 due March 1

If paying in full:

- \$620 due at August parent meeting

5-DAY FEES:

If paying every 3 months:

- \$290 due at August parent meeting
- \$270 due December 1
- \$270 due March 1

If paying in full:

- \$800 due at August parent meeting

*A \$20 late fee will be applied to all payments received after the 10th of each month – NO EXCEPTIONS.

Tuition Refund: If your child continues with Findlay City Schools through Kindergarten and is still in attendance through the first full week of October of his/her first grade year, your 2017-2018 tuition will be refunded to you. This refund only applies to students in the 5-day program who will be going to kindergarten in August 2018.

Making Payments: Regular payments may be made by cash or check (made out to FCS), or on our website: www.fcs.org using EZPAY. Please call 419-425-8231 for your child's student ID number. You will need this number to add your child to your EZPAY account.

Enrollment Questionnaire – Washington Preschool Program

Rev. 12/16/14



Office Use: Student ID _____ Adm. Date _____

Student Information

Has your child ever attended Findlay City Schools? No Yes _____
If so, which building / year

PLEASE PRINT LEGIBLY

Student First Name	Student Middle Name	Student Last Name	Student "Called Name"
Street Address	City	State	Zip Code
Contact Phone Number with Area Code	Date of Birth	Birth City	
Social Security Number	Entering Grade	School Year	Male or Female Gender

Which language(s) are spoken in the home: _____

Resident Status – please check one:

- Resident
- Open Enrollment
- Foster (Court-placed)

Citizenship Status – please check one:

- U.S. Citizen
- Exchange Student – Years in U.S. _____
- Non-U.S. Citizen – Years in U.S. _____

Is the student of Hispanic/Latino origin, regardless of race?

- Yes No

Ethnicity: (Please select one or more)

- White
- Black or African American
- Hispanic
- Asian
- Pacific Islander or Native Hawaiian
- Am. Indian or Alaskan Native

Session Preference: (This is only a preference, not a guaranteed time.) _____ AM _____ PM

Teacher Preference: If you have a teacher preference, please write the teacher's name _____

Transportation: _____ I agree to provide or make arrangements for transportation to and from school.
If bussing were to become available, would you be interested? _____ No _____ Yes

Medical: _____ I agree to submit a medical and dental form for my child, completed by a physician, within 30 days of the start of school.

Fees: _____ I agree to pay all applicable fees in a timely manner.

***** DO NOT FORGET TO COMPLETE THE BACK OF THIS FORM *****

Enrollment Questionnaire Continued.....

Parent Information

Marital status of biological parents:

- Married Divorced Separated Widowed Never Married

Who has legal custody of this child?

- Both Parents Mother only Father only Grandparents
 Foster family Mother/stepfather Father/stepmother Other _____

If foster/guardian, what district did the natural parent(s) reside in at the time you received custody?

Name of school district _____

Do you have court papers regarding custody of this child?

- N/A No Yes (court papers must be provided)

WHO DOES THE STUDENT LIVE WITH?

Check all that apply:	Print First/Last Name	Cell Phone
<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother		
<input type="checkbox"/> Father <input type="checkbox"/> Stepfather		
<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent		

Please list any school-age children in the household:

Name _____ Grade _____ School Bldg (if known) _____

Name _____ Grade _____ School Bldg (if known) _____

Name _____ Grade _____ School Bldg (if known) _____

Name _____ Grade _____ School Bldg (if known) _____

***Proof of residency, original birth certificate, social security card, immunization records, parent identification, and if applicable, custody papers must accompany this form to complete registration.**

I certify to the best of my ability, that the information provided is true and accurate.

Signature of parent or legal guardian

Date



Home Language Survey

Grade _____

PLEASE PRINT LEGIBLY

Student's Family Name (Last Name) _____ First Name _____ Male/Female _____

Is English the only language spoken by all individuals in the home?

CIRCLE Yes **STOP** If "yes" please sign the form at the X and you are done. Thank you!
ONE: No If "no" please complete the remainder of this form.

School Building of Attendance _____

Birth Date _____ Place of Birth _____
Month / Day / Year City / State / Country

Name of Parent/Guardian (Family Name) _____ First Name _____

Street Address _____ City _____ State _____ Zip Code _____

() _____ () _____
Home Phone with Area Code Work Phone with Area Code

Email Address: _____

U.S. Entry Date (approx.) _____ Nationality: _____

Sponsor (local): _____ Phone number: _____

Contact Person: _____ Phone number: _____

For Parents/Guardians: Please answer the following questions:

1. Please circle/list all languages that are spoken in the home:

Arabic Chinese English French German Japanese Korean Laotian Philippino Spanish
Vietnamese Other: _____

2. What language does your son/daughter use most frequently at home? _____

3. What language do you use most frequently with your son/daughter? _____

4. What language do the adults at home most often speak? _____

5. How long has your son/daughter attended school home country? _____ in the U.S.A.? _____

6. Age when first attended school? _____

7. Date of last school attendance in home country: _____ in the U.S.A. _____

8. Does your child have any learning difficulties? _____

I certify to the best of my ability, that the information provided is true and accurate.

X _____
Signature of parent or legal guardian Date

