



Olentangy Preschool - East

814 Shanahan Road
Lewis Center OH 43035

Instructions for registering with the Olentangy Local School District.

NEW STUDENT WELCOME CENTER (NSWC)

Welcoming new families to the Olentangy community!

7840 Graphics Way
Lewis Center, OH 43035

Hours: 8 a.m. to 4 p.m.
Open All Year

Phone: 740-657-4030

Fax: 740-657-4034

LOG ON TO REGISTER AT:

www.olentangy.k12.oh.us

ALL THREE STEPS ARE REQUIRED TO COMPLETE REGISTRATION

1. Go to www.olentangy.k12.oh.us. Choose “**For Parents**”, then “**New Student Welcome Center**” and “**Register Now**” to access the online registration system. Enter the student’s LAST NAME and PIN number included in the placement email. Remember to SAVE after completing each page.
 2. After completing the online portion, call the NEW STUDENT WELCOME CENTER (740-657-4030) to schedule an appointment. The New Student Welcome Center (NSWC) is located at 7840 Graphics Way, Lewis Center Ohio, 43035.
- Registration is not complete until you have completed an appointment at the New Student Welcome Center.**
3. On your appointment day, be sure to arrive with the following materials:

- Proof of residency is one of these forms:
 Mortgage statement Settlement statement
 Signed Lease Deed Property tax statement
 PERSONS LIVING WITH ANOTHER HOMEOWNER/RENTER ARE ASKED TO CALL THE NEW STUDENT WELCOME CENTER FOR DETAILS ON PROVING RESIDENCY
- TB Test Results (if requested)
- Custody papers (if applicable)
- Divorce or dissolution document (Ohio law requires a copy of the entire document)
- Guardianship cases – call the New Student Welcome Center for details
- Parent/Guardian driver’s license or state identification
- **Original or certified copy** of birth certificate or passport*
- Completed Preschool Emergency Contact and Child Release Form
- Completed Photography/Publication and Family Roster Release Form
- Completed Federal Poverty Guidelines Form

*Ohio law states that these documents must be provided to the district within 14 days.

After your child is registered by completing **all of the above steps**, district staff will be in contact within 30 days. However, registration of your child does not guarantee provision of services.

**OLENTANGY LOCAL SCHOOLS PRESCHOOL
EMERGENCY CONTACT AND CHILD RELEASE FORM**

Student Name: _____ Birth Date: _____ Student lives with: _____

PARENT/GUARDIAN(S):

Relationship	Name	Address	Home Phone	Cell Phone

EMERGENCY CONTACTS AND CHILD RELEASE

As required by the Ohio Department of Education, please provide two (2) adults (ages 18 or older) who can be contacted in the event of an emergency if the parent/guardian(s) cannot be contacted. All information must be completed. Do not use parent names as emergency contacts. We must have two contacts in addition to parents. In addition, please indicate which contacts or anyone else to whom the child can be released.

Name	Address	City/Zip	Phone	Can pickup Child
				Yes No

Please indicate if your child has any of the following:

- 1) Allergies (please list): _____
- 2) Medications* (please list): _____
- 3) Inhalers* (please list): _____
- 4) Other medical concerns or conditions to which medical personnel should be alerted? _____

* Use and/or possession of any medications, whether prescribed or not, requires the appropriate documentation to be completed and on file with the school.

**EMERGENCY MEDICAL AUTHORIZATION FORM
PART I OR PART II MUST BE COMPLETED**

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Office Phone: _____ Office Address (required for Preschool): _____

Physician: _____	_____	_____
Dentist: _____	_____	_____
Medical Specialist: _____	_____	_____
Local Hospital: _____	_____	_____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the appropriate medical professional; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent/Guardian for Grant to Consent

Date

PART II: REFUSAL TO CONSENT

I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent/Guardian for Refusal to Consent

Date



Oriented Preschool

East Office
814 Shanahan Road
Lewis Center, OH 43035

West Office
2800 Carriage Road
Powell, OH 43065

Photography/Publication Release

We request permission for your child, _____, to have his/her picture taken or to be videotaped by school staff or local news organizations. If permission is granted, your child's picture, name, work product, school, grade or program may be used in newspaper articles, television stories, brochures, web site*, and other promotional publication and video productions.

*Only student photos will be posted on web site. Personal information (name, grade, school) will not be displayed.

- Yes, I give my permission for photography/publication.**
- No, I do not give my permission for photography/publication**

Parent or guardian's signature

Date

Family Roster Release

We request permission for your child, _____, to have his/her name, address, telephone number and parent(s) name on the class roster for distribution to other classroom parents.

- Yes, I give my permission for family information to be included on a classroom roster.**
- No, I do not give my permission for family information to be included on a classroom roster.**

Parent or guardian's signature

Date

The Ohio Department of Education requires this form to be completed at the beginning of each school year.

FEDERAL POVERTY GUIDELINES FORM

The Ohio Department of Education is requiring school districts to gather information regarding the poverty levels of all preschool students enrolled in funded programs. Please review the Federal Poverty Guidelines chart included below and mark one of the statements listed below the chart.

The information that you provide is used solely for this purpose and remains confidential. No personal information about your child is reported to ODE.

FEDERAL POVERTY GUIDELINES

Size of Family Unit	BOX 1 100% Poverty Level	BOX 2 125% Poverty Level	BOX 3 150% Poverty Level	BOX 4 175% Poverty Level	BOX 5 185% Poverty Level	BOX 6 200% Poverty Level
1	\$10,890	\$13,613	\$16,335	\$19,057	\$20,146	\$21,780
2	\$14,710	\$18,388	\$22,065	\$25,743	\$27,213	\$29,420
3	\$18,530	\$23,163	\$27,795	\$32,428	\$34,281	\$37,060
4	\$22,350	\$27,938	\$33,525	\$39,113	\$41,348	\$44,700
5	\$26,170	\$32,713	\$39,255	\$45,798	\$48,415	\$52,340
6	\$29,990	\$37,488	\$44,985	\$52,483	\$55,482	\$59,980
7	\$33,810	\$42,263	\$50,715	\$59,168	\$62,549	\$67,620
8	\$37,630	\$47,035	\$56,445	\$65,853	\$69,616	\$75,260

For family units with more than 8 members, add \$3,820 for each additional member.

- 0 – 100% BOX 1
- 101 – 125% BOX 2
- 126 – 150% BOX 3
- 151 – 175% BOX 4
- 176 – 185% BOX 5
- 186 – 200% BOX 6
- > 200%
- I CHOOSE NOT TO DISCLOSE THIS INFORMATION

OLENTANGY | LOCAL SCHOOLS



Olentangy Preschool

East Office
814 Shanahan Road
Lewis Center, OH 43035

OLENTANGY PRESCHOOL TUITION AGREEMENT 2018-2019

In order for my child to attend the Preschool Program operated by the Olentangy Local Schools, I agree to the following:

1. Tuition for the nine-month school year (September to May) is **\$170 per month** (\$1,530 per year) for morning or afternoon classes. Tuition for the extended-day program is **\$210 per month** (\$1,890 per year). Monthly tuition is a flat fee. Tuition is not adjusted for absences, calamity days or household income. Short months, five-week months, holidays and calamity days are averaged into the tuition. Therefore, the tuition amount is the same each month.
2. **Tuition payment is due on the 1st of each month. First payment is due September 1.**
3. Parents submit payments by credit card and using PowerSchool to view/pay student's fees (tuition). Go to your PowerSchool parent account and select "Lunch and Fee Payments". Tuition will be available for payment on the 15th of the prior month. For example, October 1 tuition will be available in PowerSchool on September 15th for payment.
4. Failure to pay tuition will result in loss of placement and withdrawal from the program. Parents will receive notification when tuition is overdue. If tuition is not paid, students will be withdrawn from the program. Unpaid tuition balances will remain on the student account until they are paid. No late fees are charged.

I hereby agree to comply with the terms of this tuition agreement for my child to attend the Olentangy Preschool Program for the 18-19 school year:

Child's Name _____

Parent's Signature _____ Date _____

Phone _____ Email _____

If you have questions about tuition or the preschool program, contact Charlotte Davis at 740-657-5047.
Please keep a copy for your reference!

Olentangy Preschool

Student Information Record

Child's Name Last _____ First _____ Preferred _____

Date of Birth _____ Age as of September 1st _____ Male/Female _____

Housing and Family

Do both parents currently live with the child? Y/N _____ Total Number in household? _____

Are there any special family arrangements such as shared parenting, living in two homes, custody specifications _____

Number of brothers _____ Names and ages _____

Number of sisters _____ Name and ages _____

Name(s) of any siblings that attend Olentangy Preschool _____

Cultural and Dietary Information

What language(s) are spoken in the home? _____

Please describe any cultural or religious practices we should be aware of: _____

Sleep Habits

Bedtime _____ When does child wake up? _____

Child sleeps approximately _____ hours/night

Takes afternoon nap? Y/N _____ If so, number of hours? _____

Problems connected to sleep? _____

Toilet and Dressing Habits

Child needs help in the bathroom? Y/N If yes, please describe: _____

Likely to have accidents? Y/N Ask to use the bathroom? Y/N

Word for bowel movements? _____ Dresses self? Y/N

Personality Traits

Describe your child's personality: _____

Nervous habits: _____

Fears: _____
What causes your child to feel angry/frustrated? _____

Is your child under a doctor's care for physical or emotional support? Y/N if yes, please describe:

History of serious illness or hospitalization Y/N If yes, please describe:

Previously attended a school? Y/N School name _____

Location of school _____ Dates attended _____

Please list any changes or transitions that the child or family may be experiencing

Please list any additional family or personal information that would help us support your child
(employment, family schedule, allergies, comforting strategies, etc.)

Please provide any other information that you feel would be valuable to know in order to help your child with his/her early education experience.

Parent Signature

Date

OLENTANGY PRESCHOOL

Medical Forms Requirement

In order to obtain and maintain an operating license, the preschool classrooms in Olentangy Local Schools must comply with Ohio Department of Education Licensing Rules and the Early Learning Guidelines. To be in compliance, each child enrolled in preschool **MUST** complete the following forms:

- 1. CHILD'S MEDICAL STATEMENT (OR copy of immunization records)** – Due upon entrance to the preschool program.
- 2. ANNUAL MEDICAL DIAGNOSTIC SCREENING FORM** – Due within 30 business days of entrance to the preschool program and annually while in the preschool program.
- 3. ANNUAL DENTAL SCREENING FORM** – Due within 60 business days of entrance to the preschool program and annually while in the preschool program.

Compliance is monitored by scheduled and unscheduled visits from the Ohio Department of Education. As part of the visit, student files are reviewed. **YOUR CHILD'S COMPLIANCE IS REQUIRED.** Your prompt attention to the completion of the required forms is greatly appreciated.

PLEASE SEND COMPLETED FORMS BEFORE THE FIRST DAY OF SCHOOL TO:

**OLENTANGY PRESCHOOL - Shanahan
ATTN: Charlotte Davis
814 Shanahan Road
Lewis Center OH 43035**

OR Fax to: 740-657-4696

Olentangy Preschool

CHILD'S MEDICAL STATEMENT FOR ENROLLMENT

FORM MUST BE PROVIDED UPON ENTRANCE INTO THE PRESCHOOL PROGRAM

Child's Name: _____ Date of Birth: _____

This form must be completed or a copy of immunization records can be provided.

This child has had the immunizations required by section 3313.671 of the Revised Code for admission to school, or has had the immunizations recommended by the Ohio State Department of Health for infants and toddlers or is to be exempted from these requirements for medical, philosophical, or religious reasons.

Immunizations (enter month, day and year) or attach a copy of immunization record:

VACCINE	DOSE 1	DOSE 2	DOSE 3	DOSE 4	DOSE 5
Hep A					
Hep B					
DtaP					
Influenza					
Polio					
Pneumococcal					
MMR					
HIB					
Varicella					
Rotavirus					

If separate, measles _____, mumps _____, rubella _____

Physician's Name (please print)

City, State, Zip Code

Physician's Street Address

Physician's Phone Number

RETURN TO: Olentangy Preschool – Shanahan
814 Shanahan Road
Lewis Center OH 43035
FAX: 740-657-4696

Olentangy Preschool

ANNUAL MEDICAL DIAGNOSTIC SCREENING FORM

THIS FORM MUST BE COMPLETED, SIGNED AND DATED BY A PHYSICIAN

**FORM MUST BE PROVIDED WITHIN 30 BUSINESS DAYS OF ENTRANCE INTO THE PRESCHOOL PROGRAM AND
ANNUALLY THEREAFTER**

Child's Name: _____ Date of Birth: _____

Assessments/Screenings	Assessment/Screening Completed (circle one)		Date Completed	Reason Not Completed (health professionals decision, insurance coverage, religious conviction, other)
Vision	Yes	No		
Hearing	Yes	No		
Lead*	Yes	No		
Hemoglobin**	Yes	No		
Height				
Weight				

*ZIP CODE 43015 MUST HAVE ONE DOCUMENTED TEST IF AGE 3-6

**PHYSICIAN DETERMINED

Please list any limitations or health conditions (including allergies, medications, dietary restrictions, etc):

This Child is free from apparent communicable disease and is in suitable condition to attend a preschool program based on his/her medical history and physical condition at the time of this examination.

Signature of examining Health Professional

Circle one: Physician Physician's Assistant

Date of Exam

Advanced Practice Nurse

Office Address: _____

Office Phone: _____

RETURN TO: Olentangy Preschool – Shanahan
 814 Shanahan Road
 Lewis Center OH 43035
 FAX: 740-657-4696

Olentangy Preschool

ANNUAL DENTAL SCREENING

THIS FORM MUST BE COMPLETED, SIGNED AND DATED

FORM REQUIRED WITHIN 60 BUSINESS DAYS OF ENTRANCE INTO THE PRESCHOOL PROGRAM AND
ANNUALLY THEREAFTER

Child's Name: _____ Date of Birth: _____

Check One:

Dental Screening Completed Date of Screening _____

Dentist's Name (please print) _____ Phone Number _____

Dentist's Signature _____ Date _____

Dentist's Street Address _____

City, State, Zip Code _____

Dental Screening Not Completed State Reason: _____

Examples: No insurance coverage, religious conviction, child too young, etc.

Parent Signature _____ Date _____

RETURN TO: Olentangy Preschool – Shanahan
814 Shanahan Road
Lewis Center OH 43035
FAX: 740-657-4696

Preschool Supply List 18-19 School Year

- Backpack – large enough for folders, easy to zip/unzip, no wheels
- A complete change of clothes that can stay at school. Please place the clothing in a Ziploc bag with your child's name on the front.
- If your child wears diapers/pull-ups – a package of diapers/pull-ups
- One package of baby wipes or Wet Ones wipes
- Two boxes of 5 oz. All-Purpose Dixie cups
- One package of napkins
- One pump hand soap
- Eight Elmer's Disappearing Purple Glue Sticks
- One bottle of Elmer's White School Glue
- One box of Washable Crayola Classic Colors Markers (8 or 10 count)
- One can of shaving cream (not gel)
- One 4-pack (5 oz.) of Play-Doh brand play dough
- One box of Crayola Crayons (24 count)
- One box of tissues
- One roll of paper towels
- One package of paper plates
- One container of Clorox wipes
- One box of snack for August. Ideas are cereal, crackers, fruit snacks, granola bars, raisins, etc. All of our classrooms are peanut/tree nut free. Your teacher will explain how snack donations will work for the rest of the year at Preschool Curriculum Night.

This supply list is a general list for all Olentangy Preschool classrooms. Your teacher may ask for additional items at Open House or throughout the school year as needed.

Thank you for supporting our preschool classrooms!