

# Southeast Local Preschool Program Registration

*Southeast Local Schools: A Community United in a Commitment to Learning*

**2023 - 2024**



**PLEASE COMPLETE & RETURN WITH REGISTRATION FEE**

Child's Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Parent(s) Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street PO Box City / Zip

School District child lives in: _____	Sex: _____ (M or F)	Age _____	Birthday _____ / _____ / _____
	Brothers: _____ / _____ # Younger # Older	Sisters: _____ / _____ # Younger # Older	

## **Class for 3 year old children:**

\_\_\_\_\_ Tuesday/Thursday / 9:15 - 11:30 a.m. \$80.00/Month

**NOTE: Your child MUST turn 4 years old by August 1<sup>st</sup> to enroll them in any 4/5 year-old program!**

## **Classes for 4-5 year old children:** (Indicate a "1" for first choice and "2" for second):

\_\_\_\_\_ **Monday/Wednesday/Friday ~ ALL DAY / 9:15 - 3:00 p.m. \$210.00/Month**  
*Transportation is available for students who are on the Apple Creek Elementary bus routes and are attending the full-day program.*  YES /  NO ~ My child will be riding the bus

\_\_\_\_\_ **Tuesday/Thursday / 12:45 - 3:00 p.m. \$80.00/Month**

Please list any pressing reason you must have a certain Session:  
\_\_\_\_\_

*Financial assistance available  
for families with limited income*

*Please send a copy of birth certificate with completed registration form.*

**NOTE: If monthly fee is not paid by the first day of each month, an additional \$25.00 will be added as a late fee.  
If tuition is still not received two weeks after due date, child cannot attend classes until the month is paid in full (including late fee).**

Registration opens March 1<sup>st</sup>. Until March 31, priority will be given to children of the Southeast Local School District and preschool students currently in attendance. After March 31, enrollment of out of district residents will be considered on a "space available" basis.

Children must be four years old on or before August 1<sup>st</sup> (for 4-5 year old program), and three years old on or before August 1<sup>st</sup> for 3 year old program to enroll at the beginning of the school year. If your child is not 3 by August 1<sup>st</sup>, and you would like to enroll them during the school year when they turn of age, you may enroll them if there is an opening at that time. Early entry to preschool will not qualify or warrant early entrance to Kindergarten. They must also be completely toilet-trained, and have immunization and physician's medical examination on file prior to the first day of school.

If you are interested in this high quality preschool experience for your child, [please complete the registration form and return, along with copy of birth certificate](#), it to: **Southeast Local Schools**, 9048 Dover Road, Apple Creek, OH 44606. **A non-refundable \$30.00 registration fee is required to hold a space for your child.**

If you have any questions, please call Holly Mastrine, Director of Curriculum and Special Programs, at the Board Office 330-698-3001.

**Please complete back of form**



Parent / Guardian / Other Relationship: _____	
Father's Name _____ Father or Step-Father (circle one)	Mother's Name _____ Mother or Step-Mother (circle one)
Father's Employer: _____	Mother's Employer: _____
Work Telephone Number _____	Work Telephone Number _____

Is the student residing with both parents? \_\_\_\_ Yes \_\_\_\_ No

If no, who is legal custody vested in? \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Co-Custody

**It is state law that a copy of the court ordered custody decree be presented at the time of enrollment.**

Please circle the county in which parent lives: 38-Holmes                      85-Wayne                      76-Stark

Last school attended: \_\_\_\_\_

School Address: \_\_\_\_\_

Last date attended previous school: \_\_\_\_\_ Cause of change: \_\_\_\_\_

Does your child receive any special services? (Speech, Tutor, Spec. Ed., etc.) \_\_\_\_ Yes \_\_\_\_ No

**Facts concerning the child's medical history including allergies, medication currently being taken, any physical impairments or emotional problems (fears/anxieties) to which the school should be alerted:** \_\_\_\_\_

**PRESCHOOL PARENT/GUARDIAN SIGNATURE:**



**I fully intend to enroll my child in the program and agree to comply with the rules and regulations of the program to the best of my ability. Signature of parent/guardian \_\_\_\_\_ Today's date: \_\_\_\_\_**

**FOR OFFICE USE ONLY:**

Grade: \_\_\_\_\_ Student ID # \_\_\_\_\_ Homeroom # \_\_\_\_\_ Bus # \_\_\_\_\_

Entered: \_\_\_\_\_ Sent for records: \_\_\_\_\_ Records Received: \_\_\_\_\_ Career Center: \_\_\_\_\_

**Southeast Local Preschool Program**  
**ADDITIONAL INFORMATION ABOUT THE PRESCHOOL PROGRAM**

Thank you for your interest in the Southeast Local Preschool Program!

**Philosophy:**

Facilitate each child's learning to realize his/her full potential by emphasizing social, physical, mental and academic development through hands-on engaging experiences.

**Curriculum:**

The preschool learning experiences will be established following the Ohio Department of Education Core Standards. These standards include Language Arts, Mathematics, Science and Social Studies.

**Staffing:**

One teacher (pre-kindergarten certified) and one educational aide

**Location:**

- The district preschool is located at Apple Creek Elementary

Your child's first day of preschool will be scheduled and information sent to you for orientation times. After that, they follow the district schedule on their attendance days. Our district calendar is available on our web-site at [www.southeast.k12.oh.us](http://www.southeast.k12.oh.us). You'll also receive a calendar for your child's specific classes within your preschool packet.