



East Guernsey Local Schools

P. O. Box 128

Old Washington, Ohio 43768

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East Guernsey Local School District Preschool

The East Guernsey Local School District operates Preschool for students with disabilities and typically developing peer models ages three (3) through five (5).

East Guernsey Local School District Preschool offers income based tuition payments based upon a sliding fee scale. The maximum tuition payment is \$140 per month.

The tuition is a flat rate and is not adjustable for absences, holidays or calamity days and is due the first day of every month. **Children are placed in a class on a first come, first served basis upon completion and return of ALL required paperwork.**

The Assessment, Evaluation and Programming System for Infants and Young Children (AEPS) along with Ohio's Early Learning and Development Standards are used to guide the preschool program. It is a comprehensive program based on best practices in early childhood education and provides developmentally appropriate processes, adult interaction and learning experiences. The curriculum used is responsive to individual development and interests of the individual child.

Our **Preschool** strives to:

1. Help each child recognize that he/she is a unique individual.
2. Provide opportunities for interaction with peers to develop social relationships.
3. Provide developmentally appropriate activities based on special interests of the child.
4. Provide a variety of materials and activities with time to explore inviting play.
5. Enhance and facilitate development in all learning domains: cognitive, language, adaptive or self-help, social/emotional and gross and fine motor.
6. Assist children in learning to share, to cooperate and to socialize.

Play is said to be the work of children. Children develop physically, socially, emotionally and intellectually, through the natural exploration of their world during play. Play with your child. Give your child experiences that can form a lifelong love of learning.

Self-directed play encourages a child's choice-making, exploration, social development, language development and cognitive skills as well as gross and fine motor skills in both quiet and active centers. These self-selected activities may include a housekeeping area, block area, sand or water table, puzzles, books, computer area, music and art projects.

For questions or additional information contact:

East Guernsey Local School District Preschool

Attn: Cindi Johnson

65555 Wintergreen Rd., Lore City, OH 43755

Phone: 740-489-5005 Fax: 740-489-9839

East Guernsey School District Registration Form

Information supplied on this form is required under provisions of Ohio Law and the Ohio Department of Education. It is in no way an effort to trespass upon the personal affairs of parents. Your cooperation in completing this form is appreciated.

PLEASE PRINT- PARENT/GUARDIAN SHOULD COMPLETE ALL INFORMATION

1. STUDENT DATA

Student Name (LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE):

_____ Last Suffix (Jr., III, etc) _____
First Middle Last

Grade student will be entering _____ Has student previously attended East Guernsey Schools? Yes _____ No _____

Gender: Male _____ Female _____

Home Phone with Area Code _____

Primary Cell phone with Area Code _____

Street Address _____ P.O. Box _____

City _____ Zip _____ County of Residence _____

STUDENTS BIRTH DATA

Date of birth: *Month* _____ *Day* _____ *Year* _____ Mother's Maiden Name _____

Birth City _____ If child was born outside U.S., list country _____

Language spoken in home: *English* _____ *Other:* _____
(Specify Language)

2. RACIAL/ETHNIC DATA

PLEASE ANSWER BOTH A AND B

A. IS THE STUDENT HISPANIC/LATINO?

(Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Yes _____ No _____ **Go to part B**

B. IS THE STUDENT: (check all that apply)

- _____ White
- _____ Black or African American
- _____ American Indian or Alaska Native
- _____ Native Hawaiian or Pacific Islander
- _____ Asian

(If left blank, ethnicity will be determined by observer identification)

3. PREVIOUS SCHOOL INFORMATION

A. Does your child have an IEP or 504 plan or has he/she received special education services in the past?

Yes _____ No _____ Explain _____

B. Has your child been identified as gifted?

Yes _____ No _____

C. Is student under expulsion from previous school?

Yes _____ No _____

PLEASE COMPLETE THE REVERSE SIDE



▪ **Status of Biological Parents:** ___ Parents Married ___ Parents Never Married ___ Parents Separated
 ___ Parents Divorced ___ Father Deceased ___ Mother Deceased

▪ **Who has legal custody of this student?** _____

If a divorce or guardianship situation exists, we must have a certified FULL copy of the order of decree. This is per State of Ohio Law. (ORC 3313.672) and the Missing Children’s ACT

▪ **Student lives with:**

___ Mother & Father ___ Mother Only ___ Mother & Stepfather ___ Father Only ___ Father & Stepmother
 ___ Foster Parent ___ Court appointed Guardian/Grandparent ___ Other; Explain _____

INFORMATION FOR MOTHER/GUARDIAN/FOSTER PARENT:

Name _____ **Address same as student or**

Home Address: _____

Home Phone: _____ Cell Phone _____

INFORMATION FOR FATHER/GUARDIAN/FOSTER PARENT:

Name _____ **Address same as student or**

Home Address: _____

Home Phone: _____ Cell Phone _____

Brothers and Sisters

Name _____ Age ____ Grade ____; Name _____ Age ____ Grade ____

Name _____ Age ____ Grade ____; Name _____ Age ____ Grade ____

Name _____ Age ____ Grade ____; Name _____ Age ____ Grade ____

5. PARENT/GUARDIAN SIGNATURE

I, the undersigned, state that I am the parent or legal guardian of the above named student and that the registration information provided is true and correct.

Parent/Legal Guardian _____ **Date** _____