



2017-2018 Enrollment Checklist for Peer Models

To ensure that your child's enrollment proceeds as quickly and smoothly as possible, please follow each of the following steps in order. You can contact Judy Floit with any questions as you complete your child's enrollment. She can be reached at 614-479-1315 or email her at floitj@gjps.org.

1. Complete online portion of enrollment via Home Access.

- A. Access our website, gahannaschools.org
- B. Click the Welcome Center link in the top left hand corner of the page.
- C. Mid page, under the photo of a building, click Online Entry-Start.
- D. Click Register New Account (even if you have other students in our district)
- E. Complete all sections of the online form.

2. Download and print Preschool Registration Forms.

- A. Access gahannaschools.org/District/Preschool_registration.aspx
- B. Click the Download Peer Model Preschool Forms link.
- C. Complete each of the following:
 - Developmental History
 - Parent Agreement
 - Autopay Authorization *with voided check attached*
 - Student's Medical Statement*
 - Dental Screening*
 - (2) Mandatory Transportation Forms
 - (3) Optional Transportation Forms if interested in school transportation

**Require physician/dentist signature and must be submitted within 30 days from the first day of attendance (not required to complete registration).*

3. Schedule an Enrollment Appointment by using the Welcome Center link at

<https://calendly.com/gjpswelcomecenter/registrationappoint2017-18>

Note: Walk ins are NOT accepted.

- A. Take the following with you to your appointment:
 - Completed Preschool Registration Forms
 - Your government issued photo ID
 - Your child's birth certificate
 - Proof of Residency (current mortgage statement/lease and 2 bills with current address)
 - Your child's immunization records (must be submitted within 14 days of student start date)
 - Custody documents (if applicable)

You can get more information about exactly what documents are required by going to gahannaschools.org/District/EnrollmentItems.aspx

4. Pay preschool registration fee.

Please Note: you must pay the registration fee within 5 business days of your Enrollment Appointment or your child's enrollment will be cancelled and his/her spot will be offered to the next child on the waitlist.

- A. Access fee payment website at www.LocalLevelEvents.com (please carefully note spelling)
- B. In keywords, search for Gahanna Jefferson Preschool
 - Pay \$53.00 registration fee. **This amount includes a **nonrefundable** service charge of \$3.00. The remaining fee will be returned as a credit on your child's first month's tuition.

Once all 4 steps completed, your registration will be confirmed by email. *If enrolling in September or later, the registration fee does not apply.



Peer Model Developmental History

Identifying Data

Child's Name _____ Gender: _____

Birth Date: _____ Current Age: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Educational History

Has your child attended a preschool program before? _____

If yes:

Name of Program _____ Length of Attendance _____

Family Information

Parent(s)/Guardian(s): _____

Sibling(s): _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Others who reside in the home:

Name: _____ Age: _____

_____ Age: _____

_____ Age: _____

Social/Behavioral Information

My child prefers to play alone Yes No

My child prefers to play with other children Yes No

My child shares toys and plays cooperatively Yes No

My child takes turns at simple games (i.e., Duck Duck Goose) Yes No

My child pays attention to small group activities for 10 or more minutes Yes No

My child is upset by change in his/her routine Yes No

If yes, please describe in detail specific things that might upset him/her.)

When my child is upset or frustrated, he/she generally reacts by:

My child has a favorite friend. Yes No

If yes, name? _____

My child's favorite toys/playthings are _____

My child's favorite things to do are _____

Is there anything else you think is important for our staff to know about your child's behavior?

Personal Care Information

Toileting

My child is toilet trained. Yes No

My child indicates the need to go to the bathroom by _____

My child can dress him/herself except for shoes. Yes No

Feeding

My child can eat and drink independently. Yes No

My child should not be given the following foods: _____

Communication Information

My child can follow simple commands. Yes No

My child can follow 2-3 step directions. Yes No

My child understands:

- Most of what is said to him/her
- About half of what is said to him/her
- Little of what is said to him/her

My child generally speaks in sentences. Yes No

My child shows understanding of age-appropriate vocabulary Yes No

My child counts to ten and names at least 3 colors correctly. Yes No

My child uses imaginative play (i.e., pretends to cook dinner, dresses up) Yes No

Is there anything else you think is important for our staff to know about your child's communication?



**Peer Model Parent Agreement
2017-2018 School Year**

1. I agree to read the preschool handbook via Home Access Center, which will be available on my child's first day of attendance. The handbook contains detailed information on the program's policies and procedures. In return, Gahanna-Jefferson Public Schools agrees to provide care for my child which meets the standards and guidelines in the preschool handbook and is in accordance with all applicable city, state, and federal requirements.
2. I understand that my child may not attend the program until all required forms are completed and on file.
3. I understand that my child will not be enrolled nor his/her space reserved until I have paid a **non-refundable** \$53.00 registration fee according to the directions provided me. I understand that if this payment is not made within 5 business days of my enrollment appointment, my child's enrollment will be cancelled and I will have to rejoin the waitlist. I understand that the registration fee is **non-refundable**, but I will receive a \$50 credit the first tuition payment.
4. I am responsible for payment of the full monthly fee whether or not my child attends the program every day. (In the event of an emergency withdrawal from the program, every effort will be made to fill the vacancy from a waiting list and funds will be refunded accordingly.) I also agree to provide additional fees and supplies for special activities, when applicable. I will be assessed a \$17.50 student activity fee at the start of the school year.
5. I understand that tuition must be paid through the District's autopay program. Tuition is due on the 1st day of each month. In the event that the autopay draft is returned by the bank, a \$35.00 fee will be assessed and I will be required to deliver payment in cash for the month's tuition and fee to the District office. In addition, my child will not be allowed to attend preschool until my tuition account is up to date. Three draft returns may result in my child being exited from the program. For purposes of tuition, the billing cycle begins on the 15th of each month. A student who attends the program for any portion of the billing cycle will be assessed tuition for the entire cycle.
6. Enrollments will be made on first-come/first-served basis as registration fees are received. In the event that the program should fill all available spaces, a waiting list will be established.
7. I will make every attempt to pick up my child by the designated dismissal time. In the event that I am late picking up my child, a charge of \$1.00 per minute (or part thereof) late will be assessed. Frequent violators (exceeding 6 times per school year) may be dismissed from the program.
8. I or another assigned adult will accompany my child into the program each day.
9. I must call the program site if my child will not be in attendance.
10. A parent roster listing names, emails, address and phone numbers of participating families will be distributed to parents of enrolled students.
 - I DO give permission for my and my child's information to be included in the Preschool Parent Roster.
 - I DO NOT give permission for my and my child's information to be included in the Preschool Parent Roster.
11. Photographs of the children participating in the program may be taken periodically and may appear in newspapers, videos, or other publicity materials.
 - I DO give permission for my child's photograph to be used in district materials.
 - I DO NOT give permission for my child's photograph to be used in district materials.
12. I will notify Judy Floit at 614-479-1315 of any changes in my application information or student enrollment forms.

Signature of Parent/Guardian: _____

Date: _____

Name of Child (please print): _____

Preferred time: AM PM

AM Hours 9:00-11:30

PM Hours 1:00-3:30



**Gahanna-Jefferson Public Schools
Preschool Program**

Autopay Authorization Form

Welcome to the Gahanna-Jefferson Preschool Program! We look forward to providing a preschool environment that will support, help, and challenge your child. All participating families are required to use the Direct Payment Plan to pay tuition each month. Using this plan, payments are deducted automatically from your checking or savings account.

Here's how the Direct Payment Plan works:

You authorize nine (9) monthly payments of \$130.00 (per month) for the Preschool Program to be made from your checking or savings account. Your payments will be deducted automatically on the fifteenth day of each month for nine (9) months, beginning September 15, 2017, and ending May 15, 2018.

Missed Payment Policy

In the event that our request for payment is returned by your bank, you will be notified and required to make payment (plus a \$35 fee) in person, in cash at our District Office. If payment is not received within 3 business days, your child will be excluded from attending preschool until tuition is brought current. In the event that three payments are returned by your bank, your child may be dropped from the program.

To complete authorization:

- 1) **Mark the box** to indicate whether your payment will be deducted from your checking or savings account.
- 2) **Fill in** your name, financial institution name and location, 9-digit routing number, account number.
- 3) **Attach a voided check** for verification. **Registration not complete without voided check.**
- 4) **Sign the form** and return with the rest of your application at your Welcome Center appointment.

I authorize Gahanna-Jefferson Public Schools to initiate electronic debit entries for \$130.00 per month for nine (9) months, beginning September 15, 2017, through May 15, 2018 for payment of my preschool tuition fee, to my:

____checking account (or) ____savings account

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Name of Financial Institution (print) _____

City and State (of Financial Institution) _____

Routing Number (9 digits) _____

Account Number _____

Account Holder's Signature _____ DATE _____

Account Holder's Name (Print) _____

Student's name _____



Student's Medical Statement

(Per the Ohio Department of Education – Early Learning Program Guidelines for incoming preschoolers.)

Child's Name _____ Gender: _____ Birth Date: _____
 Address: _____ Ph: _____
 Name of Parent(s)/Guardian(s): _____
 Date of Exam: _____

Immunizations

- This child has had all immunizations required by the State Department of Health for infants and toddlers.
(****Please attach immunization record.****)
- This child is to be exempt from the requirements for medical reasons.
(****Please attach documentation of exemption****)

Lab Tests

Please record date and result of following exams. If not performed, please explain.

HgB/HCT: _____ Fe Supplement? _____
 PPD _____
 Sickle Cell Screen: _____
 Lead Screen: _____

Physical Examination

Date of Exam: _____
 Height (ft/in): _____ Weight (lbs): _____
 Visual Acuity R: _____ L: _____ OU: _____
 Hearing(db) R: _____ L: _____

Please check one:

- Physical exam completed, no abnormalities found
- Abnormalities found on physical exam (please attach note detailing findings)
- Referral made to (please explain reason for referral):

Based upon the medical history and physical condition at the time of this examination, this child is free from apparent communicable diseases and is in suitable condition to receive child care.

Date: _____ Doctor's Printed Name: _____
 Doctor's Signature/Stamp: _____
 Address and Phone Number: _____



**Gahanna-Jefferson Public Schools
Preschool Program**

Preschool Dental Screening

(Per the Ohio Department of Education – Early Learning Program Guidelines for incoming preschoolers.)

If you need assistance in obtaining a dental screening, some agencies within the Central Ohio are:

- Nationwide Children’s Hospital Dental Clinic (614) 722-5650
- Columbus Health Department Dental Clinic (614) 645-7487
- The Ohio State University Dental Clinic (614) 292-2027

Child’s Name: _____ Date of Birth _____ Gender M/F (circle one)

Parent(s)/Guardian(s) _____

Address: _____

City/State/Zip _____

Primary Phone: _____ Alternate Phone: _____

Dental Screening Results

(to be completed by dental staff)

Date of Screening: _____

Was a referral made? Yes / No

Recommendations: _____

Date: _____ Dental Staff Signature: _____

Dentists Printed Name/Stamp: _____

Address and Phone Number: _____



Gahanna-Jefferson Public Schools
Preschool Program

Preschool Consent for Emergency Transport (Form A)
Mandatory Form

Complete EITHER Part I or Part II below. Do not complete both.

Part I: Permission to Transport Child for Emergency Care

I, _____, give Gahanna-Jefferson Public Schools my permission to

transport my child/children, _____
Name of Child/Children

to _____ for emergency medical care
Name of Medical Facility

or to _____ for emergency dental care
Name of Dentist/Clinic

OR to the nearest available source of assistance.

Signature of Parent/Guardian

Date

Part II: Refusal to Grant Permission Transport Child for Emergency Care

I, _____, DO NOT give Gahanna-Jefferson Public

Schools my permission to transport my child/children, _____
Name of Child/Children

for emergency medical or dental care. In the event of an illness or injury that requires emergency medical or dental care, I wish the following action to be taken: _____

Signature of Parent/Guardian

Date



Gahanna-Jefferson Public Schools Preschool Program

Assigned Preschool Authorization Consent for Drop Off/Pickup (Form B) Mandatory Form

Permission to Transport Child for Drop Off/Pickup

I, _____ give Gahanna-Jefferson Public Schools my permission to allow my
child/children, _____,

Name of Child/Children

be transported by the following assigned people.

Signature of Parent/Guardian

Date

1. _____

Name, Address & Phone Number

2. _____

Name, Address & Phone Number

3. _____

Name, Address & Phone Number