



## 2020-2021 Enrollment Checklist for Special Education Students

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 Gahanna-Jefferson Preschool Program at 614-269-4780 or email Mary Ann Stevens at [stevensm@gjps.org](mailto:stevensm@gjps.org) with any questions as you complete your child's enrollment.

1. **Complete online portion of enrollment via Home Access.**  
Please see the attached "How to Register" sheet attached.
  
2. **Print Preschool Registration Forms and bring with you to your Preschool Registration Appointment**
  - Parent Agreement
  - Student's Medical Statement\*
  - Dental Screening\*
  - (2) Mandatory Transportation Forms
  
3. **What to bring to your appointment:**  
**Note: Walk ins are NOT accepted.**
  - A. Bring the following with you to your appointment:
    - Complete Preschool Registration Forms
    - Guardian's government issued photo ID
    - Your child's birth certificate
    - Proof of Residency (current mortgage statement/lease & gas or electric bill in guardian's name)
    - Your child's immunization records (must be submitted with 14 days of student start date)
    - Custody documents (if applicable)

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



## 2020-2021 Preschool Parent Agreement for Special Education Student

1. I agree to obtain and read the preschool handbook which will be available on line (unless a paper copy is requested). The handbook contains detailed information on the program's policies and procedures. In return, Gahanna-Jefferson Public Schools agree 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 must call the program site (614-269-4780) if my child will not be in attendance.
4. I am responsible for payment of the 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. A parent roster listing names, phone numbers, addresses and emails of participating families will be distributed to parents of enrolled students.
  - o I DO give permission for my and my child's information to be included in the Preschool Parent Roster.
  - o I DO NOT give permission for my child's information to be included in the Preschool Parent Roster.
6. Photographs of the children participating in the program may be taken periodically and may appear in newspapers, videos, or other publicity materials.
  - o I DO give permission for my and my child's information to be used in district materials.
  - o I DO NOT give permission for my child's information to be used in district materials.
7. I will notify Gahanna-Jefferson Preschool Program at 614-269-4780 of any changes to my application information or student enrollment forms.

Signature of Parent/Guardian: \_\_\_\_\_

Name of Child (please print): \_\_\_\_\_

Preferred Time:     AM     PM            AM Hours 8:30-11:15    PM Hours 12:20-3:05



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### Student 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 records\*\*)
- 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: \_\_\_\_\_  
 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: \_\_\_\_\_  
 Doctor's Address and Phone Number: \_\_\_\_\_



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## 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 area:

- 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 (print): \_\_\_\_\_ 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: \_\_\_\_\_

Dentists Address and Phone Number: \_\_\_\_\_



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## **Preschool Consent for Emergency Transport (Form A)** **Mandatory Form**

Complete EITHER Part 1 or Part 2 below. Do not complete both.

### **Part 1: 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 2: 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 taken: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



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

### Permission to Transport Child to Drop Off/Pickup

I, \_\_\_\_\_ give Gahanna-Jefferson Public Schools my  
permission to allow my child/children, \_\_\_\_\_  
Name of child/children

to be transported by the following assigned people.

1. \_\_\_\_\_  
Name, Address & Phone Number
2. \_\_\_\_\_  
Name, Address & Phone Number
3. \_\_\_\_\_  
Name, Address & Phone Number
4. \_\_\_\_\_  
Name, Address & Phone Number
5. \_\_\_\_\_  
Name, Address & Phone Number
6. \_\_\_\_\_  
Name, Address & Phone Number

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date