



**Trumbull County Educational Service Center  
Early Childhood Education Program  
Preschool Special Education Program**

**ENROLLMENT**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Child lives with: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Who is authorized to pick up your child?

\_\_\_\_\_

name	address	zip	phone
------	---------	-----	-------

\_\_\_\_\_

name	address	zip	phone
------	---------	-----	-------

Who is NOT authorized to pick up your child?

\_\_\_\_\_

Two persons who will assume emergency responsibility for your child if you cannot be reached:

\_\_\_\_\_

name	address	zip	phone	relationship
------	---------	-----	-------	--------------

\_\_\_\_\_

name	address	zip	phone	relationship
------	---------	-----	-------	--------------

Doctor's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Preschool staff MAY \_\_\_\_\_ MAY NOT \_\_\_\_\_ include my child's name and parent name(s) on a class list to be given to other families with children in my child's class, and no other person. If there are more than one preschool class in the school, Preschool staff MAY \_\_\_\_\_ MAY NOT \_\_\_\_\_ include my child's name and parent name(s) on a class list to be given to families with children in all the preschool classes, and no other person.

I DO \_\_\_\_\_ DO NOT \_\_\_\_\_ want my phone number on the list(s).

I DO \_\_\_\_\_ DO NOT \_\_\_\_\_ want a copy.

**PARENT PARTICIPATION**

We would like to encourage participation in our program. Do you have skills or hobbies you would be interested in sharing with children and staff?

\_\_\_\_\_

Are you available to chaperone field trips? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you available to prepare classroom materials? \_\_\_\_\_ YES \_\_\_\_\_ NO

**HEALTH/DENTAL**

Are there any special health needs the staff should be aware of with your child? \_\_\_\_\_

\_\_\_\_\_

Any known allergies? \_\_\_\_\_

Please list any past illnesses, hospitalizations, or chronic physical problems: \_\_\_\_\_

\_\_\_\_\_

Please explain any special eating, toileting, and sleeping habits your child may have: \_\_\_\_\_

\_\_\_\_\_

Please list any vision or hearing problems: \_\_\_\_\_

Please list any dental problems: \_\_\_\_\_

Any problems in your child's developmental history? \_\_\_\_\_

List any medications, food supplements, modified diets, fluoride supplements being administered: \_\_\_\_\_

\_\_\_\_\_

Preschool staff MAY \_\_\_\_\_ MAY NOT \_\_\_\_\_ use disposable diaper wipes on my child for diapering and/or for toileting accidents.

**VISION SCREENING, HEARING SCREENING AND PRESCHOOL ASSESSMENT**

Your child's hearing will be screened by a speech-language pathologist or audiologist from the Trumbull County Educational Service Center. If your child does not pass the hearing screening, you will be referred to the TCESC for further testing. Your child's teacher will provide a basic visual acuity screening at school. Should a problem be suspected, you will be informed so that you can contact your child's doctor. Your child's educational growth and development are observed each day in the classroom as he or she plays and learns. Additionally, your child will participate in preschool assessments required by the Ohio Department of Education.

**PUBLICITY AUTHORIZATION**

From time to time various members of the news media take pictures at our schools for publicity purposes. The use of said pictures is approved by the superintendent.

I WILL \_\_\_\_\_ WILL NOT \_\_\_\_\_ allow my child to be photographed for publicity purposes.

**I HAVE READ AND UNDERSTAND THE INFORMATION ON THIS FORM.**

**I HAVE RECEIVED AND READ THE PARENT HANDBOOK.**

**I HAVE RECEIVED A COPY OF THE DISCIPLINE POLICY.**

\_\_\_\_\_

Parent/guardian signature

Date