Youngstown City Schools Preschool Registration 2021-2022

Please complete the registration packet to its entirety and provide the required documents:

☐ Birth certificate
☐ Parent ID
☐ Proof of residency
☐ Proof of income (ex: W2, 2 recent pay stubs, or other income verification with frequency of amount received)
☐ Medical card
☐ Current medical statement (completed by physician)
☐ Current immunization records
☐ Medical action plan (if applicable)
☐ Dental Statement
☐ Guardianship paperwork (if applicable)

Documents and registration packets can be returned to:

East High School- room 056
474 Bennington Ave.
Youngstown, OH 44505

You may also email documents to
Preschool Supervisor, Emily Walker: emily.walker@youngstown.k12.oh.us
or
Kathy Baumiller: Kathleen.Baumiller@youngstown.k12.oh.us

Online Registration Link:
http://www.vcsd.org/departments/student_services/enrollment_registration

If you complete the online registration, you will still need to complete the paper registration packet.

We look forward to meeting you and scholars this Fall!
**Office of Early Childhood**  
474 Bennington Ave, Youngstown OH 44505  
Phone: 330.744.7325 FAX 330.744.0869

**CHILD ENROLLMENT AND HEALTH INFORMATION**

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Date of Birth</th>
<th>Student Number (Office Use)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td>Home Telephone Number</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#1 Parent/Guardian Name</th>
<th>Relationship to Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Email Address</td>
<td>Employer/ Phone Number</td>
</tr>
</tbody>
</table>

**Where can you be reached when your child is in the program?**

<table>
<thead>
<tr>
<th>#2 Parent/Guardian Name</th>
<th>Relationship to Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Email Address</td>
<td>Employer/ Phone Number</td>
</tr>
</tbody>
</table>

**Emergency Contacts:** Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of any emergency or illness **if you cannot be reached**. Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of your child's school, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>City</td>
</tr>
<tr>
<td>State</td>
<td>State</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>Relationship to Child</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>Relationship to Child</td>
</tr>
</tbody>
</table>

**Other numbers where emergency contact can be reached (if applicable)**

| Other numbers where emergency contact can be reached (if applicable) | Other numbers where emergency contact can be reached (if applicable) |

**Child Release**

Please list people, besides parents and emergency contacts that have permission to pick up your child:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Phone Number</td>
<td>Relationship</td>
</tr>
</tbody>
</table>

**Transportation**

I hereby request the YOUNGSTOWN CITY SCHOOL DISTRICT to provide transportation for my child as follows:

| Pick Up Location | Drop Off Location |

**As phone numbers change during the school year, please advise your child's teacher of those changes**

Signature ____________________ Date _________
**Child's Name:**

**Date of Birth:**

### Parent Roster

Please indicate if your name should be released if a parent/guardian, of a child attending this program requests contact information for other parents/guardians.  

- [ ] Yes  
- [ ] No  

If you answered yes, please indicate which number(s) above to include on this list:  

- [ ] Home  
- [ ] Cell  
- [ ] Work  
- [ ] Email

### Ethnicity

- [ ] Is the student of Hispanic/Latino-Ethnicity: Yes  
- [ ] No  

- [ ] Is the student Multi-racial: Yes  
- [ ] No

Please check all related Racial Categories:  

- Asian  
- Black/African American  
- American Indian/Alaskan Native  
- Native Hawaiian/Other Pacific Islander  
- White

### Photo Release

I grant YOUNGSTOWN CITY SCHOOLS Preschool permission to take photographs for the following reasons of my child:  

Please check all that apply:  

- Assessment & Placement  
- Record Preschool Events  
- Share with preschool parents & Staff  
- Share with other professionals at meetings or workshops

I do not give permission for my child’s picture to be taken within the preschool program.

### Parent Handbook

The Early Childhood Parent Handbook is available on the district website at [http://www.ycsd.org/InclusionaryPreschoolDepartment.aspx](http://www.ycsd.org/InclusionaryPreschoolDepartment.aspx). This handbook contains information regarding preschool policy on behavior management, attendance guidelines and communicable disease as well as preschool procedures. Printed copies are available upon request in the Early Childhood Office.

I have received a copy of the behavior management/discipline policy. **Parent Initials:**

### Screening Agreement

During your child’s school year, the YCSD will screen height, weight, vision and hearing as part of the Health Screening. Developmental screenings will be conducted by the classroom teacher. All screenings are completed within the first 60 days of school. Please initial to acknowledge your understanding of the screening agreement.  

**Parent Initials:**

### Emergency Transportation Authorization

**Give Permission to Transport**

Youngstown City School District

**has permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.

**Parent’s Signature**

**Date**

**Do Not Give Permission to Transport**

Youngstown City School District

**does not have permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:

**Parent’s Signature**

**Date**
<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Doctor Name:</th>
<th>Dentist Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Allergies, Special Health or Medical Conditions, and Food Supplements**

Fill in this section accurately and completely. Please note that if your child has a current health or medical condition requiring preschool staff to perform specific care, such as monitor the condition, provide treatment, care, or to give medication, you must fill out a Medical Action Plan and request for Administration of Medication form and return to your child’s school to keep on record.

- Does your child have any **food, medication or environmental allergies**? (check one)
  - [ ] No
  - [ ] Yes—check all that apply
  - [ ] Food
  - [ ] Medication
  - [ ] Environmental
  
  Please List and Explain:

- Does your child’s allergy/allergies require Youngstown City School’s Staff to monitor child for symptoms, take action if a reaction occurs, or give emergency medication to your child? (check one)
  - [ ] No
  - [ ] Yes—A Medical Action Plan and Request for Administration of Medication forms must be completed.

- Does your child have a **special health** or **medical condition**? (check one)
  - [ ] No
  - [ ] Yes—please explain

  Does the special health or medical condition require Youngstown City Schools Staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during school hours? (check one)
  - [ ] No
  - [ ] Yes—A Medical Action Plan and Request for Administration of Medication forms must be completed.

- **Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)?** (check one)
  - [ ] No
  - [ ] Yes—please explain

  If yes, does this medication, food supplement, or medical food need to be administered at the child’s school? (check one)
  - [ ] No
  - [ ] Yes—A Medical Action Plan and Request for Administration of Medication forms must be completed for each type of medication. Food supplement or medical food
  - [ ] N/A—program does not administer any medications.

- Does your child have any **dietary restrictions, including those for medical, religious or cultural reasons**? (check one)
  - [ ] No
  - [ ] Yes—please explain

  Does this dietary restriction require a modified diet that eliminates all types of fluid, milk or an entire food group? (check one)
  - [ ] No
  - [ ] Yes—A Medical Action Plan and/or Request for Administration of Medication forms must be completed.

List any history of **hospitalization, outpatient surgery, or previous health concerns** that would be needed to assist the staff or medical personnel in an emergency situation.

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child being enrolled in the Youngstown City School’s Preschool Program.

<table>
<thead>
<tr>
<th>Parent Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administrator/Designee Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Child's Name (Last)</strong></td>
<td><strong>(First)</strong></td>
</tr>
<tr>
<td>-------------------------</td>
<td>-------------</td>
</tr>
</tbody>
</table>

**By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff who care for your child.**

Who lives at home with your child?

What is the primary language spoken in your child's home?

Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.?
- [ ] Yes
- [ ] No

Additional Details:

Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet)
- [ ] Yes
- [ ] No

Additional Details:

Are there any family cultural or religious practices that we should be aware? (dietary restrictions, clothing head coverings, etc.)

Do you have any pets at home? If so, what are they and what are their names?

Has your child had a previous child care arrangement?
- [ ] Yes
- [ ] No

Additional Details: (center-based, in home, with family)

How often does your child drink during the day? (milk, juice, water, etc.)

Does your child have any favorite foods?
Does your child dislike any foods?

Are there any foods your child should not be fed? (Child Care Licensing requires a form to be completed for children with food allergies and/or dietary restrictions)

What time does your child go to bed at night and wake in the morning?

What time(s) and for how long does your child usually nap?

Does your child have trouble sleeping? (night terrors, trouble going to sleep, etc.)

☐ Yes  ☐ No  Please Explain:

What might you and/or your child be anxious about as he/she starts in this program?

What are you and/or your child excited about as he/she starts in this program?

What are your expectations of the Preschool program?

What other information would be helpful for the staff caring for your child to know?

Parent Signature:
Parent/Guardian/Student
Consent for Records Release

To: _______________________________  RE: _______________________________
Fax Number: _______________________________  Age: ___ Birthdate: ________
Telephone: _______________________________

From:

Melissa Puhalla – Early Childhood Supervisor  474 Bennington Ave
Name  Street Address
Youngstown City School District  Youngstown, OH 44505
Agency/School District  City, State, Zip Code
330.744.8869  330.744.7324
Fax Number  Office Number

We are requesting the following information/records for the above named student

All personal identifiable data on file
Special Education Records; Evaluation Team Report, IEP
Medical Records

Reason for request:

Student has enrolled into our district, to aid in making present and future education decisions
Other (please specify)

______________________________

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding the above named students in the manner indicated.

______________________________  ________________________________
Date  Signature of Parent/Guardian or student if 18 or older

______________________________  ________________________________
Address  Address

______________________________  ________________________________
City, State and Zip  City, State and Zip

______________________________  ________________________________
Telephone Number  Telephone Number
**Tell us about you (the applicant)**

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
<th>Address</th>
<th>Today's Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>County</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Additional Phone Number</th>
<th>E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Tell us about the people in your home**

<table>
<thead>
<tr>
<th>Name (First, Middle, Last)</th>
<th>Relationship to You (spouse, son, sister, etc.)</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- [ ] African American
- [ ] Alaska Native/American Indian
- [ ] Asian
- [ ] Caucasian
- [ ] Hawaiian/Pacific Islander

<table>
<thead>
<tr>
<th>Hispanic or Latino? Y or N</th>
<th>Spoken Language</th>
<th>Date of Birth</th>
<th>Gender M or F</th>
<th>U.S. Citizen Y or N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- [ ] African American
- [ ] Alaska Native/American Indian
- [ ] Asian
- [ ] Caucasian
- [ ] Hawaiian/Pacific Islander

- [ ] African American
- [ ] Alaska Native/American Indian
- [ ] Asian
- [ ] Caucasian
- [ ] Hawaiian/Pacific Islander

- [ ] African American
- [ ] Alaska Native/American Indian
- [ ] Asian
- [ ] Caucasian
- [ ] Hawaiian/Pacific Islander

- [ ] African American
- [ ] Alaska Native/American Indian
- [ ] Asian
- [ ] Caucasian
- [ ] Hawaiian/Pacific Islander
<table>
<thead>
<tr>
<th>Child 1</th>
<th>Provider Name and Address</th>
<th>Child’s Needs</th>
<th>What hours/days do you need services? (i.e. child care or preschool)</th>
<th>Check all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td>Do you have concerns about your child’s growth and/or development?</td>
<td>☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat</td>
<td>☐ Mornings</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Afternoons</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Evenings</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Weekends</td>
</tr>
<tr>
<td></td>
<td>Describe:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>What is the child’s home school district?</td>
<td></td>
</tr>
<tr>
<td>Child’s Mother’s Maiden Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child’s City of Birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------</td>
<td>---------------</td>
<td>---------------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Child 2</td>
<td>Provider Name and Address</td>
<td>Child’s Needs</td>
<td>What hours/days do you need services? (i.e. child care or preschool)</td>
<td>Check all that apply</td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td>Do you have concerns about your child’s growth and/or development?</td>
<td>☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat</td>
<td>☐ Mornings</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Afternoons</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Evenings</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Weekends</td>
</tr>
<tr>
<td></td>
<td>Describe:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>What is the child’s home school district?</td>
<td></td>
</tr>
<tr>
<td>Child’s Mother’s Maiden Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child’s City of Birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------</td>
<td>---------------</td>
<td>---------------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Child 3</td>
<td>Provider Name and Address</td>
<td>Child’s Needs</td>
<td>What hours/days do you need services? (i.e. child care or preschool)</td>
<td>Check all that apply</td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td>Do you have concerns about your child’s growth and/or development?</td>
<td>☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat</td>
<td>☐ Mornings</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Afternoons</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Evenings</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Weekends</td>
</tr>
<tr>
<td></td>
<td>Describe:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>What is the child’s home school district?</td>
<td></td>
</tr>
<tr>
<td>Child’s Mother’s Maiden Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child’s City of Birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Tell us about your finances

Will you or the people in your home receive income this month?  □ Yes  □ No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers’ Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of Income</th>
<th>Amount of Income (before taxes)</th>
<th>How Often Received (weekly, bi-weekly, etc)</th>
<th>Date Last Received</th>
<th>Work or School Schedule (please list times)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Sun    □ Mon    □ Tues    □ Wed    □ Thurs   □ Fri    □ Sat</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Sun    □ Mon    □ Tues    □ Wed    □ Thurs   □ Fri    □ Sat</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Sun    □ Mon    □ Tues    □ Wed    □ Thurs   □ Fri    □ Sat</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Sun    □ Mon    □ Tues    □ Wed    □ Thurs   □ Fri    □ Sat</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Sun    □ Mon    □ Tues    □ Wed    □ Thurs   □ Fri    □ Sat</td>
</tr>
</tbody>
</table>

Do you or anyone in your household pay Child or Spousal Support?  □ Yes  □ No

How Much?

Signature of Applicant

Date:
In accordance with Youngstown City School District bylaws and policies related to "directory information" you are being sent this notice.

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Youngstown City Schools with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Youngstown City Schools may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Youngstown City School District to include this type of information into your child's educational records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Only "directory information" regarding a student shall be released to any person or party, other than the student or his/her parent, without the written consent of the parent, or, if the student is an eligible student, without the written consent of the student, except to those persons or parties stipulated by the Board's policy and administrative guidelines and/or those specified in the law.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, also may be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary And Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories - names, addresses, and telephone listings - unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.

If you do not want Youngstown City Schools to disclose directory information from your child's educational records without your prior written consent, you must notify the District in writing by thirty days from receipt of this notice. Youngstown City School District has designated the following information as directory information:
- Student's name
- Participation in officially recognized activities and sports
- Address
- Telephone listing
- Weight and height of members of athletic teams
- Photograph
- Awards received
- Press releases
- Dates of attendance, date of graduation

If a parent does not return the opt-out notice below within thirty days, it will be assumed the parent(s) do not object to directory information being released.

If you do not want us to share your information with outside agencies and/or organizations other than those state and federal agencies designated by law, please complete and return the form below within 30 days of receipt.

__________________________________________________________

NO: I DO NOT want my "directory information" shared with outside agencies and/or organizations, other than those state and federal agencies designated by law.

Child(ren) Name(s): ________________________________________

Signature of Parent/Guardian: _______________________________ Date: ___________

Printed Name of Parent/Guardian: ____________________________

Address: __________________________________________________

Return this form to:

Youngstown City School District Administrative Office
Attn: Student Services Department
474 Bennington Ave.
Youngstown, Ohio 44505
Income of the family includes gross earned and unearned income, and shall be used for the purposes of determining income eligibility of families. Examples of gross earned and unearned income are as follows:

- **Gross earned** – wages, salary, severance pay, bonuses, sick leave paid as wages, annual leave, holiday and vacation pay
- **Unearned income** is income that is not earned income from employment or self-employment. Unearned income includes interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony and child support payments, and gifts or assistance received by the family from persons, organizations or assistance agencies, such as social security administration (SSA) disability, unemployment compensation, veteran’s payments, survivor benefits, temporary workers’ compensation, and pension or retirement income.

**Documentation of earned and unearned income must be kept on file while the student is enrolled. Examples include:**
- 1040 annual tax report,
- two consecutive weeks of pay stubs,
- tax records,
- business records,
- award letters,
- child support,
- a letter from an employer
- other type of income verification is needed to document income eligibility.

**If a family has no income,** they must provide written documentation of how they are meeting basic living expenses, including but not limited to food, housing, utilities and transportation. Examples of acceptable documentation to support the unearned income can include a housing voucher, food stamps, other public assistance, or letters verifying cash gifts.

If you have any questions regarding this, please feel free to contact the Early Childhood Office (330)744-7324 or email me at melissa.puhalla@youngstown.k12.oh.us
Behavior Management/Discipline

(A) A preschool staff member in charge of a child or a group of children shall be responsible for their discipline.

(B) The center shall have a written discipline policy describing the center's philosophy of discipline and the specific methods of discipline used at the center. This written policy shall be on file at the center for review. Constructive, developmentally appropriate child guidance and management techniques are to be used at all times and shall include such measures as redirection, separation from problem situations, talking with the child about the situation and praise for appropriate behavior.

(C) Behavior management/discipline policies and procedures shall ensure the safety, physical and emotional well-being of all individuals on the premises.

(D) The center's actual methods of discipline shall apply to all persons on the premises and shall be restricted as follows:

1. There shall be no cruel, harsh, corporal punishment or any unusual punishments such as, but not limited to, punching, pinching, shaking, spanking or biting.

2. No discipline shall be delegated to any other child.

3. No physical restraints shall be used to confine a child by any means other than holding a child for a short period of time, such as in a protective hug, so the child may regain control.

4. No child shall be placed in a locked room or confined in an enclosed area such as a closet, a box or a similar cubicle.

5. No child shall be subjected to profane language, threats, derogatory remarks about the child or the child's family or other verbal abuse.

6. Discipline shall not be imposed on a child for failure to eat, failure to sleep or for toileting accidents.

7. Techniques of discipline shall not humiliate, shame or frighten a child.

8. Discipline shall not include withholding food, rest or toilet use.

9. Separation, when used as discipline shall be brief in duration and appropriate to the child's age and developmental ability and the child shall be within sight and hearing of a preschool staff member in a safe, lighted and well-ventilated space.

10. The center shall not abuse or neglect children and shall protect children from abuse and neglect while in attendance in the preschool program.

(E) The parent of a child enrolled in a center shall receive the center's written discipline policy.

(F) All preschool staff members shall receive a copy of the center's discipline policy for review upon employment.
Office of Early Childhood
474 Bennington Ave, Youngstown OH 44505
Phone: 330.744.7325 FAX 330.744.8869

CHILD MEDICAL STATEMENT

Child's Name (print or type) ___________________________ Date of Birth __________

☐ The above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care.

Signature of Examining Physician ___________________________ Date of Examination __________

Name of Examining Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner ___________________________

Telephone Number ___________________________

Street Address ___________________________

City, State and Zip Code ___________________________

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH DATES OF DOSES OF ALL IMMUNIZATIONS

PHYSICIAN/PHYSICIAN'S ASSISTANT/ADVANCED PRACTICE NURSE/CERTIFIED NURSE PRACTITIONER COMPLETES

<table>
<thead>
<tr>
<th>Diseases for Immunization</th>
<th>Immunized</th>
<th>In Process of Immunization</th>
<th>Medically Contradicted</th>
<th>Not Age Appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken Pox</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenza type b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Seasonal Vaccine</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pertussis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poliomyelitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Recommended Assessment/Screenings:

<table>
<thead>
<tr>
<th>Vision</th>
<th>Yes</th>
<th>No</th>
<th>Lead</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing</td>
<td>Yes</td>
<td>No</td>
<td>Hemoglobin</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Dental</td>
<td>Yes</td>
<td>No</td>
<td>Other</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Measurements:

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>BMI</th>
<th>Notes:</th>
</tr>
</thead>
</table>

☐ I have declined to have my child immunized against one or more of the diseases required by §104.014 of the Ohio Revised Code. Initial beside the disease(s) being declined above and sign below.

Signature of Parent ___________________________ Date of Signature __________
**Child’s Name**

<table>
<thead>
<tr>
<th>Is the child now receiving:</th>
<th>If “yes”, include length of time receiving fluoride</th>
<th>Birthdate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topical Fluoride Application</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Fluoride Water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoride Supplement Diet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tablets ____ or Liquid ____</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does the child have any trouble with teeth, gums, or mouth?

---

**Dental Exam Diagram**

**Examination and Treatment Record (List recommended services in order)**

<table>
<thead>
<tr>
<th>Tooth #/Letter</th>
<th>Surfaces</th>
<th>Description of Work</th>
<th>Date Services Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Dental Needs: Please check all that apply**

- Treatment is complete
- Cleaning is Needed
- Treatment is Needed

Approximate Number of Visits Needed for Treatment

Comments:

**Preschool Oral Health Summary: Please check all that apply**

- Routine recall visits
- Special home emphasis, oral hygiene
- Dietary Problems

- Treatment is complete
- Cleaning is Needed
- Treatment is Needed

Comments:

**Dentist’s Signature:**

**Date of Service:**

**Dentist’s Address:**

**Dentist’s Phone Number:**