

Little Laker Academy Preschool Program New Student Registration

Thank you for your interest in PV's Little Laker Academy preschool program! Your child must be 3-years-old by August 1, 2024 in order to enroll in our program in August. Our preschool registration process includes two (2) steps for the 2024-2025 school year (outlined below):

1. Please complete registration online via the district's **FinalForms** account. To complete FinalForms, please follow the step-by-step account set up and registration page in this packet. The required supporting documents include:
 - a. **Birth Certificate:** If needed, you may obtain a legal birth certificate from the Ashtabula County Health Department (ACHD) by completing an application and submitting a \$25.00 fee. Visit ashtabulacountyhealthdepartment.com online (Environmental - Vital Statistics) or call 440-576-6010 Ext. 3 for assistance.
 - b. **Immunization Record:** Please submit a copy of your child's **MOST RECENT** immunization record. This can be obtained from your child's pediatrician.
 - c. **Parent/Guardian Driver License or State-Issued Identification Card**
 - d. **Proof of Residency:** Options include a deed or lease agreement; current utility bill (within the last 90 days); ODJFS public assistance verification; or a signed and notarized Affidavit of Residency
 - e. **Custody Papers** (if applicable)

2. Please complete the required preschool registration **packet**:
 - a. **Child Medical Statement** (1 page; Purple) should be completed and signed by your child's primary care provider. This expires 1-year from the date of the visit.
 - i. Preschool enrollment is contingent upon a current medical statement.
 - ii. The office will remind parents of dates.
 - b. **Family and Child Information Sheet** (2 pages) informs our preschool staff about your child's needs in order to support them successfully
 - c. **Early Childhood Education Eligibility Screening Tool** (4 pages) assists the program with for determining grant eligibility
 - i. Requires **Income Verification** (acceptable documents include prior year's W2s/tax info, two consecutive pay stubs, benefits verification, etc.).
 - d. **Zero Income and McKinney-Vento Statement** (1 page; if applicable)

Please note: Completion of the registration process does not guarantee enrollment in our preschool program. Our program has a limited number of seats and we must prioritize enrollment for preschoolers with disabilities and children who are grant-eligible. Seats will not be reserved for students with an incomplete registration.

Questions? Please contact **Rebecca Charboneau** at PV Primary School.

Phone: 440-293-6206 **Fax:** 440-293-5152 **Email:** rebecca.charboneau@pvschools.org

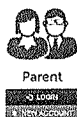


FinalForms

Parent registration

How do I sign up?

1. Go to: <https://pymatuningvalley-oh.finalforms.com/>
2. Locate the parent icon and click **NEW ACCOUNT** below.



3. Type your NAME, DATE OF BIRTH, and EMAIL. Next, click **REGISTER**.

NOTE: You will receive an email within 2 minutes prompting you to confirm and complete your registration. If you do not receive an email, then check your spam folder. If you still can not locate the FinalForms email, then email support@finalforms.com informing our team of the issue.

4. Check your email for an **ACCOUNT CONFIRMATION EMAIL** from the FinalForms Mailman. Once received and opened, click **CONFIRM YOUR ACCOUNT** in the email text.

FINALFORMS

Hello Clay Burnett,

Your FinalForms account with Demoville Local Schools (OHE) has been successfully created.

Please [click here to confirm your account](#) and complete your registration as a parent.

Thank you,
Demoville Local Schools (OHE) Administration

5. Create your new FinalForms password. Next, click **CONFIRM ACCOUNT**.
6. Click **REGISTER STUDENT** for your first child.

**CLICK TO SWITCH TO 2024 – 2025
Registration**

And for more information on 2024 – 2025

My Students

MANAGE YOUR STUDENTS WITHIN THE SYSTEM.

Status	Name	Sports/Activities	Actions
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FINALFORMS™

FinalForms

Registering a student

What information will I need?

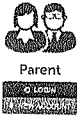
Basic medical history and health information. Insurance company and policy number. Doctor, dentist, and medical specialist contact information. Hospital preference and contact information.

How do I register my first student?

IMPORTANT: If you followed the steps on the previous page, you may Jump to Step number 3.

1. Go to <https://pymatuningvalley-oh.finalforms.com/>

2. Click **LOGIN** under the Parent Icon.



3. Locate and click the **ADD STUDENT** button.

4. Type in the **LEGAL NAME** and other required information. Then, click **CREATE STUDENT**.

5. **If your student plans to participate in a sport, activity, or club**, then click the checkbox for each. Then, click **UPDATE** after making your selection. Selections may be changed until the registration deadline.

6. Complete each form and sign your full name (*i.e.* 'Jonathan Smith') in the parent signature field on each page. After signing each, click **SUBMIT FORM** and move on to the next form.

Form Signatures

Parent Signature: _____

Your signature MUST match your name: Clayton Burnett

Student Signature: _____

Student must sign in to sign.

Submit Form Skip this form

7. When all forms are complete, you will see a 'Forms Finished' message.

IMPORTANT: If required by your district, an email will automatically be sent to the email address that you provided for your student that will prompt your student to sign required forms.

How do I register additional students?

Click **MY STUDENTS**. Then, repeat steps number 3 through number 7 for each additional student.

How do I update information?

Login at any time and click **UPDATE FORMS** to update information for any student.

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name (<i>print or type</i>)	Date of Birth
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Note: Sections A and B must be completed by the examining Health Care Practitioner (Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner):

Section A- EXAMINATION

The above named child has been examined.

The above named child is in suitable condition for participation in group care (i.e. free of infectious disease, mentally and physically fit to be in group care).

The above named child does not have allergies OR is allergic to the following (*please list in space below*):

Check below, if applicable:

Additional information that will assist the child care program in providing appropriate child care for the above named child (special health care and developmental considerations) accompanies this form.

Optional: Measurements and Recommended Assessments/Screenings

Height _____	Vision _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weight _____	Hearing _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
BMI _____	Dental _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	

Notes:

Signature of Examining Health Care Practitioner	Date of Examination
Name of Examining Health Care Practitioner	Telephone Number
Street Address	City, State and Zip Code

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD INCLUDING DATES (MM/DD/YYYY FORMAT) OF DOSES OF ALL IMMUNIZATIONS.

IMMUNIZATION (Complete ONLY ONE SECTION below)
Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases:
 Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.

<p>Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER:</p> <p><input type="checkbox"/> The above named child has been immunized against the diseases listed above.</p> <p><i>If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):</i></p>	<p>Initials of Examining Health Care Practitioner</p> <hr/> <p>Date</p>
<p>Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S):</p> <p><input type="checkbox"/> I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s):</p>	<p>Signature of Parent</p> <hr/> <p>Date</p>



Family and Child Information Sheet

By filling this information about your child and your family, it will help us create a positive experience while in our program. Please share anything that will be helpful in understanding your child's habits, abilities, and personality.

Family Information

1. Child's full name: _____
2. Who is in your child's immediate family? _____
3. Who lives at home with your child? _____
4. How does your child get along with siblings? _____
Familiar adults? _____ Strangers? _____
5. What is the primary language spoken in the home? _____
6. Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional details?

7. Are there any changes or transitions that your child has recently experienced or is experiencing?

8. Do you have any pets at home? If so, what are their names?

Child Information

1. Has your child had a previous child care arrangement? Please explain.

2. Does your child have any favorite foods? _____
3. Does your child have any food they dislike? _____
4. Does your child have any food allergies that we should be aware of? (Please note that licensing requires documentation be completed for children with food allergies and/pr dietary restrictions)

5. By nature, is your child
 - a. Friendly _____
 - b. Aggressive _____
 - c. Other _____
 - d. Kind _____
 - e. Active _____
 - f. Shy _____
 - g. Anxious _____
6. Does your child prefer being alone _____ or with friends? _____
7. Are there things that frighten your child? If so, how do he/she react and what do you do to comfort him/her?

8. What causes your child to feel angry or frustrated? _____

9. What do you find is the best way to handle the child when she/he is...
 - a. Angry _____
 - b. Sad/Crying _____
 - c. Hurt _____
10. What routines/actions or items do you use to comfort your child?

11. What are some of your child's favorite toys or activities at home?

12. Has your child had experience with? (Check all that apply)

a. Blocks _____	c. Finger painting _____	e. Scissors _____
b. Easel painting _____	d. Water play _____	

Health/Toilet Habits

1. What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)

2. Is your child toilet trained? If not, have you started the process?

3. Do your child need help when using the bathroom?

4. Does your child have trouble sleeping?

Comments:

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

2. In what particular ways can we help your child this year? (social skills, pre-academics skills, self-help skills, etc.)

3. What name would you like her/him to learn to write? _____
4. With what name should we address your child? (ie nickname) _____

Classroom Communication:

Annual Class Roster: Each year the program prepares a roster for each group of children. This roster will not be furnished to any persons other than parents of children enrolled in our program. May we include in this roster your:

__child's name __family name __phone numbers __Please do not include our information.

Thank you for taking the time to complete this for us. Please contact us with any changes that you feel we should be aware of. We look forward to working with you!



Early Childhood Education

Early Childhood Education Grant Income Eligibility Worksheet

This worksheet is designed to assist Early Childhood Education grantees in determining income eligibility for children and families. **This worksheet is not required to be completed but is provided as a resource.**

Early Childhood Education grantees will ask families to complete the Early Childhood Education Eligibility Screening Tool (JFS 01121) or Application for Supplemental Nutrition Assistance Program (SNAP), Cash Assistance, Medical Assistance or Child Care Assistance (JFS 07200). The information families provide will help programs determine income eligibility. Families with children that have an IEP, or in foster or kinship care do not need to complete the income section (page 3) of the document. Copies of the IEP and case plan or family service plan as defined in ORC 2151.412, the Kinship Permanency Incentive Program, must be on file for review. Grantees should write "McKinney- Vento" on the JFS 01121 or enrollment form if a family is experiencing homelessness and attempt to collect what information they can. Families that do not have earned or unearned income should complete a zero-income statement. Grantees may use the Zero Income and McKinney-Vento Statement sample form.

Child's Name	Birthdate (Age 3 to 4)	Age Verification Document on File

Family Size

Number of parents/legal guardians of the child who reside in the home. (This includes married and unmarried parents of the common child.)	
Number of all minors of the parents/legal guardians	
Family Size Total	

Family Income

Determination is based on both gross earned and unearned income received in a month by all the employed individuals in the family.

Gross Earned Income Total for All Employed Individuals (must have one of the following)	Documentation on File	Amount
Employment (two consecutive pay stubs; W2 form) OR		
Self-employment (W2 form or current business records estimating income) OR		
Award letters for SNAP, OWF, PFCC, etc. that meet the 200% or below poverty level		
Total Gross Earned Income		



Early Childhood Education

Gross Unearned Income Total for All Employed Individuals (leave blank if not applicable)	Documentation on File	Amount
Child support – child support letter and documentation of receipt		
Unemployment Benefits – award letter		
Social Security Administration Disability – award letter		
Ohio Works First (OWF) Cash Assistance – award letter		
Veteran’s Payments – award letter		
Survivor Benefits – award letter		
Alimony – award letter		
Pension or Retirement Income – award letter		
Other		
Total Gross Unearned Income		
Total Gross Income and Gross Unearned Income		

Families without Earned or Unearned Income or McKinney-Vento Act	Documentation on File
Zero Income Statement	
McKinney-Vento Statement	

Family Size	Federal Poverty Level

Early Childhood Education Grant Zero Income and McKinney-Vento Statement

Families with no income must provide a written explanation of how they are meeting basic living expenses, including food, housing/shelter, utilities and transportation.

The McKinney-Vento Act provides resources for children of families that are experiencing homelessness. Preschool students experiencing homelessness are eligible for immediate enrollment in programs with Title 1 funding. Homelessness is defined as:

Individuals who lack a fixed, regular, or adequate nighttime residence and includes:

- 1. Children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;*
- 2. Children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation;*
- 3. Children who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and*
- 4. Migratory children who qualify as homeless because they are living in circumstances described in 1-3 above.*

I, _____, verify that neither I nor any member of my family earns/receives any income.

I, _____, verify that my family meets the definition of homelessness.

Briefly describe how your family is meeting food, housing, utilities and transportation needs:

I certify that the information above is complete and accurate to the best of my knowledge. I understand that if I knowingly give false information or misrepresentation of my income, it may result in disqualification.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Witness Printed Name: _____

Witness Signature: _____ Date: _____

Ohio Department of Job and Family Services
Ohio Department of Education
EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

Tell us about you (the applicant)			
First Name	MI	Last Name	
Address			Today's Date
City	State	County	Zip Code
Phone Number ()	Additional Phone Number ()	E-mail Address	

Tell us about the people in your home							
Name <i>(First, Middle, Last)</i>	Relationship to You <i>(spouse, son, friend, etc.)</i>	Race	Hispanic or Latino <i>Y or N</i>	Spoken Language	Date of Birth	Gender <i>M or F</i>	U.S. Citizen <i>Y or N</i>
	Self	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					

Child 1	Provider Name and Address	What hours/days do you need services? (i.e. child care or preschool) <i>Check all that apply</i>
Name		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		

Special Needs

Is your child in need of special needs child care based on this definition?

"Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.

Yes No

Child 2	Provider Name and Address	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		

Special Needs

Is your child in need of special needs child care based on this definition?

"Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.

Yes No

Child 3	Provider Name and Address	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		

Special Needs

Is your child in need of special needs child care based on this definition?
 "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.

Yes No

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.

Name	Type of Income	Amount of Income <i>(before taxes)</i>	How Often Received <i>(weekly, bi-weekly, etc)</i>	Date Last Received	Work or School Schedule <i>(please list times)</i>
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____

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

How Much?

Signature of Applicant	Date
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