



*Amherst Exempted Village Schools*

*Little Comets Preschool*

393 S. Lake St.

Amherst, OH 44001

Phone (440) 988-8670 Fax (440) 988-8674

## PRESCHOOL PRE-REGISTRATION /APPLICATION

**Enrollment  
Preference:**

\_\_\_\_\_AM

\_\_\_\_\_PM

\_\_\_\_\_No  
Preference

Student's Legal Name: \_\_\_\_\_ Age as of Today: \_\_\_\_\_  
(Name MUST Appear Same as Birth Certificate)

Address: \_\_\_\_\_ (Apt.#): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Parent(s) Name(s): \_\_\_\_\_  
(Mother's Name/Father's Name)

Primary Phone (Circle-Home or Cell): \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Secondary Phone (Circle-Home or Cell): \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Sex: M or F Birth Date: \_\_\_\_\_ Birth County: \_\_\_\_\_

Birth Place: \_\_\_\_\_ Birth State: \_\_\_\_\_

**\*\*Please list birth place as listed on birth certificate!!\*\***

Has the student previously attended school? **No Yes**

If "Yes", **PLEASE** specify: \_\_\_\_\_

**\*\*Includes Amherst Schools or ANY program\*\***

Race (Circle One):

**W** White, Non-Hispanic **B** Black, Non-Hispanic  
**H** Hispanic **A** Asian or Pacific Islander  
**I** Native American or Alaskan Native  
**M** Multiracial

Does the student currently receive Special Education services?  
**Yes/No**

If "Yes", state type: \_\_\_\_\_

Is the student on medication: **Yes/No**

Reason for Medication: \_\_\_\_\_

Name & Type of Medication: \_\_\_\_\_

Current Parental Marital Status (circle one):

Married Divorced Separated Never Married  
Remarried

Student Lives With (circle one):

Both Parents Mother Only Father Only  
Mother/Stepfather Father/Stepmother  
Other: \_\_\_\_\_

Court Documentation Provided (if applicable): Y/N

Type: \_\_\_\_\_

If you circled Hispanic, please circle one of the following:

Hispanic, White Hispanic, Black  
Hispanic, Asian Hispanic, Native American  
Hispanic, Pacific Islander

Medical Alert (Circle):	Disability Alert (Circle):
Diabetic Ulcer	Wheelchair Colostomy
Epileptic Hypoglycemia	Muscular Dystrophy
Asthma Hay fever	Multiple Sclerosis
Heart Condition(s)	Missing Appendage
Kidney Disorder	Renal Condition
Nose Bleeds	Quadriplegic
Allergy to: _____	Other: _____
Other: _____	_____

Father/Guardian's Full Name: \_\_\_\_\_  
Address (if Same as Student – specify SAME): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_

Mother/Guardian's Full Name: \_\_\_\_\_  
Address (if Same as Student – specify SAME): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_

Siblings:      Name                      Birthdate                      Relationship/Sister/Brother                      Attends Amherst Schools? (Yes/No)

**Language Information:**

If the child was not born in the USA, the date the child entered the USA? \_\_\_\_\_  
What language did your child speak when he/she first learned to talk? \_\_\_\_\_  
What language does your child speak most frequently at home? \_\_\_\_\_  
What language do you use most frequently to speak to your child? \_\_\_\_\_  
What language do the adults at home most often speak? \_\_\_\_\_  
How long has your child attended school in the United States? \_\_\_\_\_  
Does your child have a current Limited English Proficient (LEP) plan?    No    Yes  
**Parent/Guardian Initial:** \_\_\_\_\_

**Student Information/Emergency Contacts:**

It is the parent(s)/guardian(s) responsibility to keep the information such as telephone numbers, emergency contacts, and email addresses current. Please notify the school office of any changes.

**Parent/Guardian Initial:** \_\_\_\_\_

To Be Signed by Parent, Guardian, or Legal Custodian:

*I certify that I am the parent having legal custody or guardianship of the above-named student. I certify that all information contained in this form is correct. If I am a divorced parent or legal guardian, a certified copy of the judgment entry from a court of law establishing the current rights to custody of the above-named student is provided for copying by the school. (O.R.C. § 3313.6) In addition, I certify I have established residency within the boundaries of the Amherst Exempted Village School District as indicated by the address provided on this form. **I understand that if I am not the person having legal custody or guardianship of this student and if my address is not as stated, the student will be subject to immediate suspension from school, credits will be withheld and a claim will be filed for tuition.***

*The undersigned swears and affirms that the information in the foregoing Student Registration is true.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*PRESCHOOL PEER MODELS ONLY\*\***

*My child possesses the requirements that would be appropriate to be a participant in the Amherst Little Comets Preschool as a peer model student. I also understand that a non-refundable deposit of \$300 is due with the application and a balance of **\$1,500** is due on or by **May 29th**.*

**Transportation:**

I/We understand that transportation for peer-model (non-special needs) preschool students will be provided by the parent/guardian to and from preschool as well as to and from field trips.

**Parent/Guardian Initial:** \_\_\_\_\_

<b>For Office Use Only:</b> Admission Date: _____		Student ID#: _____	Grade: _____
Deposit Paid? (Y/N)	Tuition Paid in FULL? (Y/N)		
Session Confirmed?	AM/PM	Teacher: _____	