



Little Comets Preschool

Located at - Powers Elementary School

401 Washington Street

Amherst, OH 44001

Ryan Coleman, Preschool Supervisor

Phone: 440-988-1907 Fax 440-988-8674

PRESCHOOL PRE-REGISTRATION/APPLICATION

<p>Enrollment Preference:</p> <p>_____AM</p> <p>_____PM</p> <p>_____No Preference</p>
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Student's Legal Name: _____
(Name Must Appear Same as Birth Certificate) Last First Middle

Address: _____ (Apt.#): _____

City: _____ Zip: _____

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

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

Gender: M or F Birth Date: _____ Birth County: _____

Birth City: _____ Birth State: _____

Has the student previously attended Amherst Schools: **No/Yes**

If **"Yes"**, specify: _____

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

following:

If **"Yes"**, state type: _____
 American

If you circled Hispanic, please circle one of the

Hispanic, White Hispanic, Black
 Hispanic, Asian Hispanic, Native

Hispanic, Pacific Islander

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 Lived With (circle one):
 Both Parents Mother Only Father Only
 Mother/Stepfather
 Father/Stepmother
 Other: _____

Court Documentation Provided (if applicable): **Yes/No**

Type: _____

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

Father/Guardian's Full Name: _____
Address (if Same as Student – Specify SAME): _____
City: _____ State: _____ Zip: _____
Primary Phone (Home or Cell): _____ Secondary Phone (Home or Cell): _____
Email Address: _____ Work Phone: _____
Employer: _____ Occupation: _____

Mother/Guardian's Full Name: _____
Address (if Same as Student – Specify SAME): _____
City: _____ State: _____ Zip: _____
Primary Phone (Home or Cell): _____ Secondary Phone (Home or Cell): _____
Email Address: _____ Work Phone: _____
Employer: _____ Occupation: _____

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 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: _____

****PLEASE PROVIDE ANY TEST SCORES IF PREVIOUSLY IDENTIFIED AS LEP****

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-noted 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 judgement entry from a court of law establishing the 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 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 within five (5) days of my child being accepted into the preschool program and a balance of \$1,400 is due on or by May 10.

Parent/Guardian Initial: _____

****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: _____

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