Lima City Schools Preschool Program
Required Forms Checklist

ALL of the forms in this packet are **REQUIRED** and **MUST BE COMPLETED** and **SUBMITTED** before your child is scheduled for an evaluation to attend preschool.

1) _____ Student Registration Form
2) _____ Emergency Medical Authorization
3) _____ Emergency Transportation Authorization
4) _____ Child Verification, Proof of Custody (if needed)
5) _____ Child Release , Military Status, Promontional, Roster, Assessments & Evaluation Form
6) _____ Preschool Parent Interview
7) _____ 2 Items as Proof of Residency-list of required documents on the back of this page
8) _____ Proof of Income-copy of pay stub and/ or all income used to support child (past 30 days)
9) _____ Birth Certificate
10) _____ Social Security Card
11) _____ Physical Form, completed and signed by physician or medical care provider
12) _____ Lead level and Hematocrit results (if not already listed on Physical Form from doctor)
13) _____ Immunization Records
14) _____ Dental Form (if not checked by physician on page 2 of the physical form)

Once all of this information is complete, please deliver to Unity Elementary School, 925 E. 3rd Street, Lima, OH 45804. We will review the information and call to schedule an evaluation for your child.

We cannot schedule the evaluation before we have **all** of this information.

If you have any questions please call the Preschool Office at 419-996-3692 between 8:00AM-11:45AM.

Preschool Fax Number: 419-996-3301

LIMA CITY SCHOOLS PROOF OF RESIDENCY REQUIREMENTS

Proof of residency is required for all students. Lima City Schools accepts the following items as acceptable forms of address proof:

If Parent/Guardian Own or Rent Their Residence:

Category A:

1. Copy of mortgage/deed or auditor information from website
2. Lease/rental agreement

Category B: All items must have parent/guardian name and address and be less than 30 days old.

1. Copy of current utility bill – Example: electric, gas, water, sewer, cable
2. Business mail – Example: Pay stub, monthly bank statement, official document from a government agency.
3. Other items as approved by the Principal or Superintendent

If the parent/guardian is living with someone and has no lease/rental agreement in their name:

Parent/Guardian must provide the following:

1. A Lima City Schools Residency Affidavit signed and notarized from the property owner, as well as the parent/guardian of the student.
2. A copy of the mortgage/deed; lease/rental agreement or auditory information in the name of the owner/renter they are living with.
3. A copy of business mail showing the address in the name of the parent/guardian – Example: Pay stub, monthly bank statement, official document from a government agency. Items must be dated within the past 30 days.

Unacceptable proof of address includes: tax forms, junk mail, driver's license and items greater than 30 days old.

Parents/guardians must keep the school informed of any address changes that occur and submit the required documentation to ensure that the student(s) are eligible for continued enrollment. Neglecting to update address changes could result in the immediate withdrawal of student(s).

Lima City Schools
Dr. Earl A. McGovern Educational Center
755 St. Johns Avenue-Post Office Box 2000
Lima, Ohio 45802-2000

STUDENT REGISTRATION FORM

Student's Legal Name _____ ☐ Male ☐ Female Grade _____
First Name Middle Name Last Name

Address _____
Street City State Zip Code

Phone # _____ ☐ Unlisted Student's County of Residence _____

Birth Date: _____ Place of Birth (City & State) _____

Social Security #: _____ **IEP/ Special Education/ Other Services:** ☐ Yes ☐ No

Demographic Information: Due to mandated collection and reporting requirements from the United States Department of Education, Lima City Schools is required to collect the following racial, ethnic, and language information.

Ethnic: Is this student of Hispanic/Latino ethnicity or heritage (Cuban, Mexican, Puerto Rican, or other Spanish culture or origin regardless of race)?
☐ **Yes** ☐ **No**

Race: What race is your student? Please select at least one option even if you answered "Yes" to Hispanic/Latino ethnicity. If a student is multiracial, please select all appropriate choices.

- ☐ **American Indian or Alaskan Native:** Persons having origins in any of the original peoples or North and South America (including Central America) and who maintain tribal affiliation or community attachment
- ☐ **Asian:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes Cambodia, China, India, Japan, Koreas, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam
- ☐ **Black or African American:** Persons having origins in any of the Black racial groups of Africa
- ☐ **Native Hawaiian or Other Pacific Islander:** Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- ☐ **White:** Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

Student's Native Language: _____ **Language Spoken at home:** _____

Who has LEGAL custody of this student? **Both Parents** ☐ **Mother** ☐ **Father** ☐ **Court Appointed Person** ☐

Custodial Parent(s)/ Court Appointed Legal Guardian/ Emergency Contact Person & Relative/ Child Care Provider Information

Parent/Guardian #1 Or Court Appointed Legal Guardian:

Name _____ Phone # _____

Address _____ Email Address _____

Employer _____ Work # _____

***If court appointed legal guardian- must turn in all court documents.**

Parent/Guardian #2:

Name _____ Phone # _____

Address _____ Email Address _____

Employer _____ Work # _____

YOU MUST COMPLETE AND SIGN THE BACK OF THIS FORM.

Emergency Contact Person's Name _____ **Phone Number:**_____

Name of Other Relative or Child Care Provider _____ **Phone Number:**_____

Relationship _____ **Address** _____

Student's Living Environment-Please Circle One Number

1. One Parent — Please circle: Natural Adoptive Foster or Step
2. Two Parents — Please circle: Natural Adoptive Foster or Step
3. Court Appointed Legal Guardian
4. Relative (not a guardian)
5. Shelter

Prior Education:

Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.

In what country was your child born? _____ **Has your child attended school in the United States?** ☐ **Yes** ☐ **No**

Has your child ever received formal education outside of the United States? ☐ **Yes** ☐ **No**

Name of last school attended_____ **Phone #** _____

Address: _____ **Grade:** _____

Last Lima City School attended: _____ **Date Attended**_____

DIRECTORY INFORMATION

During the year, the school district receives requests for **Directory Information**. Directory information includes student name, address, telephone number, data and place of birth, major field of study, participation in officially recognized activities and sports, height and weight, if a member of an athletic team, dates of attendance, date of graduation, awards received or honor rolls and scholarships. Directory information is used in many school activities including booster groups, sports, honor rolls and awards. Non-profit organizations may also request directory information. Directory information is not released to for-profit organizations.

- The annual notice regarding **Directory Information** is included each year in the Student and Parent Rights and Responsibilities Handbook

Please choose one option below regarding your child's Directory Information:

- ☐ **OPTION 1-**Release my child's Directory information only to school related groups and for school associated activities. Stories may be covered by media including television, newspaper, radio, and/or serve as school district promotions. Examples: honor roll, school events, boosters and awards
- ☐ **OPTION 2:** Release my child's Directory Information to all in Option 1, plus other organizations allowed by law to receive it. Examples: non-profit organizations and private schools
- ☐ **OPTION 3: Do Not release** my child's Directory Information

In accordance with Federal and State Law, the Board shall release the names, addresses, and telephone listings of secondary students to recruiting offices of all branches of the United States Armed Forces or Institutions of higher education. A secondary student or parent of the student may request in writing to the Board that the student's name, address, and telephone listing not be released for this purpose without prior consent.

***I certify that all of the above information is true.**

_____ _____

Date **Custodial Parent/ Court Appointed Legal Guardian's Signature**

LIMA CITY SCHOOLS
515 SOUTH CALUMET AVENUE
LIMA, OHIO 45804

Teacher Name: _____

EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable parents to authorize emergency treatment for children who become ill or injured while under school authority, when parent(s) cannot be reached.

Student's Name _____ School _____
Last First MI

Address _____
Street City State Zip Code

Phone _____ D.O. B. _____ Social Security # _____

Residential Parent or Guardian

Mother _____ Day time phone # _____
Father _____ Day time phone # _____
Other Name _____ Day time phone # _____
Name of Relative or Child Care Provider _____
Phone # _____ Relationship _____
Address _____
Street City State Zip Code

Part I or Part II Below Must Be Completed **DO NOT SIGN IN BOTH PLACES**

Part I: Parent/Guardian Consent Authorization

In the event attempts to contact me at any of the phone numbers I have provided are unsuccessful, I hereby give my consent for the following medical care providers and local hospital to be called:

Doctor _____ **Phone #** _____
Dentist _____ **Phone #** _____
Medical Specialist _____ **Phone #** _____
Local Hospital _____ **Phone #** _____

List any facts concerning the child's medical history, including allergies, medications being taken and any physical impairment(s) to which medical care providers should be alerted: _____

I give my consent for school personnel to give my child Tylenol for pain or fever. I give my consent for (1) the administration of any treatment deemed necessary by the medical care providers listed or in the event the designated preferred medical care provider is not available, by another licensed physician, dentist or medical specialist; and (2) the transfer of the child to the local hospital listed or any hospital reasonably accessible.

This authorization DOES NOT cover major surgery, unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the surgery.

Parent/Guardian Signature _____ Date _____

Address _____
Street City State Zip Code

DO NOT SIGN IN BOTH PLACES **Part II: Refusal to Consent** **DO NOT Complete if you have completed Part I**

I **DO NOT** give my consent for emergency medical or dental treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: _____

Parent/Guardian Signature _____ Date _____

Address _____
Street City State Zip Code

**** You Must Complete the Back of this Form ****

EMERGENCY MEDICAL AUTHORIZATION
SECTION 3313.712

Annually, the board of education of each city, exempted village, local and joint vocational school district shall, before the first day of October, provide the parent of every pupil enrolled in schools under the board's jurisdiction an emergency medical authorization form.

Thereafter, the board shall, within thirty (30) days after the entry of any pupil into a public school in this state for the first time, provide the parent, either as part of any registration form which is in use in the district or as a separate form which is in use in the district, a cop of the emergency medical authorization form.

When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local or joint vocational school district to which the pupil is transferred. Upon request of the pupil's parent, authorities of the school in which the pupil is enrolled may permit the parent to make changes in a previously filed form or to file a new form.

If a parent does not wish to give such written permission, the parent shall indicate in the proper place on the form the procedure he/she wishes school authorities to follow in the event of a medical emergency involving his/her child/

Even if a parent gives written consent for emergency medical treatment, when a pupil becomes ill or is injured, and requires emergency medical treatment while under school authority or while engaged in an extracurricular activity authorized by the appropriate school authorities, the authorities of the pupil's school shall make reasonable attempts to contact the parent before treatment is given. The school shall present the pupil's emergency medical authorization form or a copy of the pupil's medical authorization form to the hospital or medical care provider rendering treatment.

Nothing in the section shall be construed to impose liability on any school official or school employee, who in good faith, attempts to comply with this section.

FIELD TRIP PERMISSION

Our classes will be participating in various field trips during the school year. All field trips will be properly supervised by the classroom teacher and parent transportation will be provided for the entire class.

In order to simplify the process of signing and returning permission slips for each filed trip, we request that each parent sign this permission slip below which will serve for all scheduled filed trips throughout the year. Even though you are granting this permission only once, we will notify you of each field trip so that you are always aware of these activities.

My child, _____ has permission to accompany his/her classroom teacher on field trips, as approved by the building Principal. I understand that I will be notified prior to such activities by the classroom teacher. This permission is granted for the entire school year.

_____ _____

Parent/Guardian Signature Date

LIMA CITY SCHOOLS
PRESCHOOL WITH DISABILITIES
EMERGENCY TRANSPORTATION AUTHORIZATION

Name of Child/ Children*		
Address		Phone
Mother's (or Guardian's) Name	Address	Phone
Employer's Name	Address	Phone
Father's (or Guardian's) Name	Address	Phone
Employer's Name	Address	Phone

*Names of additional children from the same family may be listed here when all other information on this form pertains to all children listed.

If not at home or work, give school telephone number or other telephone where parents can be reached:

Mother (or Guardian)_____ Father (or Guardian)_____

People to be contacted in the event of an emergency if the parent cannot be reached:

Name		Name	
Address		Address	
City, State, Zip		City, State, Zip	
Relationship to Child	Phone	Relationship to Child	Phone

Name of Physician or Clinic		Name of Dentist or Clinic	
Address		Address	
City, State, Zip	Phone	City, State, Zip	Phone

Person/s child may be released to:

Name	Address	Phone	Relationship
1.			
2.			
3.			

Complete either Part I or Part II below. Do NOT complete both.

PART I. PERMISSION TO TRANSPORT CHILD

I give _____ my permission to transport my
Name of Preschool Program

child/children _____
Name of Child/Children

to _____ for emergency care or to
Hospital/Clinic

_____ for emergency dental care,
Dentist/Clinic

or to the nearest available source of assistance.

_____
Parent's Signature

_____
Date

PART II. REFUSAL TO GRANT PERMISSION

I do not give permission to _____
Name of Preschool Program

to transport my child/children _____
Name of Child/Children

for emergency medical or dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish the following action to be taken: _____

_____
Parent's Signature

_____
Date

NOTE: This is a sample form provided by the Ohio Department of Education that may be used by preschool programs to meet the requirements of rule 3301-37-04, Ohio Administrative Code. The form only authorizes the child care facility to secure emergency transportation for a child. This form does not authorize or guarantee treatment upon arrival at the designated source of emergency medical or dental treatment, as each emergency facility sets their own treatment procedures.

Lima City Schools
Dr. Earl A. McGovern Educational Center
755 St. Johns Avenue, PO Box 2000
Lima, OH 45802
Phone: 419-996-3400

CUSTODY VERIFICATION

We are concerned at all times for the safety of all children.

One of the very important documents required by Ohio Law when a student enrolls in school is custody papers. Schools are required to keep copies of these papers in the student's permanent file. These papers are very important because they verify who the legal custodial parent is.

Please place an (X) next to the statement that describes your custodial situation:

☐ No situation exists which requires court involvement to determine custody.

☐ There is court involvement in the custody of my child(ren). I have provided documents showing proof of custody.

Child(ren) name(s):

_____ _____

_____ _____

_____ _____

Parent Name: _____ Date: _____
Please print

Parent Signature: _____

I understand that if circumstances change, it is my responsibility to provide documents to the school.

Student Name_____ **Date of Birth** _____

Child Release

Please list ALL adults (including parents) to whom your child may be released to. Your child will not be release to anyone else without a note from you. When the person picks up your child for the first time they will be required to show identification.

	Person's Name	Relationship to Student	Phone Number
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

Write any additional pick up people on the back of this form

Military Family Status

Indicate if student has a parent/ legal guardian who is an active member of the Armed Forces or National Guard.

- ☐ **Not Applicable**
- ☐ **Active Duty-**Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps or Coast Guard)
- ☐ **National Guard-**Student is a dependent of a member of the National Guard (Army National Guard or Air National Guard)
- ☐ **Reserves-** Student is a dependent of a member of the U. S. Military Reserves

Promotional Materials Release

Lima City Schools release for photographs, story and/ or statements for use in promotional materials, including but not limited to: news stories, newsletters, videos, brochures, web sites and public service announcements.

- ☐ I give Lima City Schools permission to use my child's photographs, video footage and statement story for publicity, promotions and advertising.
- ☐ I **do not** give Lima City Schools permission to use my child's photographs, video footage and statement story for publicity, promotions and advertising.

_____ *Please initial here if the student may be identified (name and photo/ video) on web sites associated with the Lima City Schools

_____ _____

(Parent/ Guardian Signature) Date

Parent Roster Statement

In accordance with rule 5101:2-2-12-54 of the Administration Code, a roster for each group of children, which includes the children's name, address, birth date, and parent's preschool program will be prepared annually and given to parents of children enrolled in our program.

I, _____, would like to be included on this roster.
(Parent/ Guardian Name)

I, _____, would **not** like to be included on this roster.
(Parent/ Guardian Name)

Assessments & Evaluations

I understand that my child will complete assessments and evaluations that will be given in the Lima City Schools Preschool unit. I understand that these assessments and evaluations could be reported to the State of Ohio for data purposes. I also understand that my child's name will not be reported, only the results.

_____ _____

(Parent/ Guardian Signature) Date

Preschool Parent Interview

Child's Legal Name _____ DOB: _____
(First) (Middle) (Last)

Child's Address _____ Zip Code_____

Child's Place of Birth: City _____ State_____

Race: ☐African-American/Black ☐Caucasion/White ☐Asian ☐ American Indian/Alaskan Native ☐Other_____
What is the primary language spoken in the home? _____
Are there any cultural or religious practices of your family which we should be aware of? (dietary restrictions, clothing, head coverings, immunizations)_____

Mother's Name_____ Address_____
Home # _____ Cell # _____
Father's Name _____ Address_____
Home # _____ Cell # _____
Guardian's Name _____ Address_____
Home # _____ Cell # _____

Who has legal custody of this student? ☐ Both Parents ☐Mother ☐Father ☐Other_____
Person completing this interview and date _____

Background
With whom does the child live? _____
Does your child attend Preschool/Early Intervention? When (days and times) and where?
_____
State any therapy (speech, occupational, physical), counseling or interventions your child is receiving or has received. _____

Indicate siblings and/or any other individuals living with the child.

Name	Age	Relationship to Child

What are your child's interests or hobbies? _____

What would you like your child to be able to do in one year? _____

What does your child do well? Strengths? _____

What are your concerns for your child? _____

Medical History: Please check if there is a family history of the following disabilities/difficulties. Specify family member.

___	Birth Defect_____	____	Speech or language problem _____
____	Physical handicap _____	____	Attention/Behavior/ADHD_____
____	Diabetes _____	____	Tourette's Syndrome _____
____	Cancer _____	____	Autism _____
____	Seizures or Epilepsy _____	____	Mental illness/ Bi-Polar _____
____	Anxiety or nervousness _____	____	Reading Problem _____
____	Depression _____	____	Math Problem_____
____	Down's Syndrome_____	____	Writing Problem_____
____	Mental Retardation_____	____	Learning Disabilities_____

Check any problems mother experienced during pregnancy:
☐ Serious Illness ☐ Accident ☐ Emotional Strain ☐ Gestational Diabetes ☐ Bleeding ☐ Measles
☐ Toxemia ☐ Drug/Alcohol/Cigarette Use ☐ Medications ☐ Other:_____

Child was born: ☐ Full-Term ☐ Premature
Weight: _____

Check any complications experienced during labor/delivery:
☐ Breech Position ☐ C-Section ☐ Induce Labor ☐ Forceps/Vacuum ☐ Oxygen Needed ☐ Rh Factor
☐ Other
_____

Please list any complications and any unusual medical treatment that your child required after his/her birth (oxygen, aspiration, isolette, ICU, etc.):
_____
_____

Who is your child's regular physician? _____

Does your child have a history of frequent (3+ per year): ☐ ear infections ☐ high fever

List any other specialists who have evaluated or provided services to your child; i.e., neurologist, speech therapists, occupational therapists, physical therapists. Provide specialist name, date of service, phone number.
_____
_____

Does your child have any medical diagnosis (es) or allergies? __ no __ yes
If yes, list _____

List any medications (prescribed or over the counter) your child is taking on a routine basis and condition for which medication is taken:_____

Vision: Has vision been formally evaluated? ☐Yes ☐No When?_____ Where?_____
Results?_____ Glasses? ☐Yes ☐No

Hearing: Has hearing been formally evaluated? ☐Yes ☐No When? _____ Where?_____
Results? _____ Tubes? ☐Yes ☐No

Positive Social Relationships

Social-Emotional and Behavioral Functioning	Always	Usually	Rarely	Never
Does your child use words to describe emotions?				
Is your child affectionate?				
Does your child show sympathy towards others?				
Does your child play nicely with other children?				
Does your child interact with others in community settings?				
Does your child engage in goal oriented tasks? (example: finish a puzzle, game, craft..)				
Does your child follow rules while playing games?				
Does your child manage transitions?				
Does your child have difficulty controlling emotions? If so, please explain:				

Knowledge and Skills

Communication	Always	Usually	Rarely	Never
Does your child understand and respond to directions and requests from others? If so, please circle: 1-step directions 2-step directions 3-step directions				
Does your child identify familiar people, animals and objects?				
Does your child describe and tell use of many familiar items?				
Does your child initiate conversations with peers and adults?				
Is your child understood by most people? Please circle how often: 100% 75% 50% 25% 0%				
How does your child communicate? Please circle all that applies: full sentences 3 word 2 word 1 word gestures sign language assistive technology				

Cognitive	Always	Usually	Rarely	Never
Does your child interact with books, pictures and print?				
Does your child tell specific details from a story read aloud?				
Does your child answer simple questions after being read a short story?				
Does your child join in rhyming songs and games?				
Does your child recognize their first name in print?				
Does your child recognize and name a few letters?				

Does your child identify sounds of a few letters?				
Does your child name basic colors? Please circle: red green yellow blue purple orange brown black pink				
Does your child name 3 basic shapes?				
Does your child count 5 objects?				
Your child verbally counts to _____				

Sensory/Motor Functioning	Always	Usually	Rarely	Never
Does your child run without falling?				
Does your child move awkwardly? (trips, falls, clumsy)				
Does your child walk up and down steps alternating feet?				
Does your child pedal a riding toy?				
Does your child play on playground equipment? (climbing, jumping, running..)				
Does your child.. (circle all that applies) throw a ball overhand kick a ball catch a ball by hugging to self				
Does your child draw/copy recognizable shapes/pictures?				
Does your child cut across paper with scissors?				
Does your child show right or left hand dominance?				
Does your child show any abnormal responses to sensory input? (ex: environmental noises, textures, visual)				

Taking Appropriate Action to Meet Needs

Adaptive Behavior	Always	Usually	Rarely	Never
Does your child follow routines independently?				
Does your child use the bathroom independently?				
Does your child use eating utensils?				
Does your child show awareness of situations that might be dangerous?				
Does your child ask for help when needed?				

Other information you wish to share: _____

Lima City Schools Preschool
925 East Third Street
Lima, Ohio 45804
Fax: 419-996-3301
Preschool Office Phone: 419-996-3692

Dear Physician:

This letter is accompanying our physical form. This form is mandated by the State of Ohio to be completed prior to a child starting in out preschool program.

We must have the following information provided by your office:

- **Height and Weight**
- **Immunization Records**
- **Lead and Hematocrit Level***
- **Physicians signature indicating child is free of communicable diseases**

We are required to have these results in the child's personal file that is inspected by the Ohio Department of Education Licensure Personnel.

If you have any questions about the physical, please contact Jessica Griffith, Lima City Schools Preschool Director, at 419-996-4114. Thank you for your help and cooperation in this matter.

Sincerely,

Jessica Griffith

Jessica Griffith
Preschool Director

OHIO DEPARTMENT OF EDUCATION
DIVISION OF EARLY CHILDHOOD EDUCATION
EARLY CHILDHOOD EDUCATION SECTION

CHILD'S MEDICAL STATEMENT

This is to certify that I have examined _____ on _____
(Child's Name) (Date)

and have found that he/she:

1) Has had the immunizations required by SECTION 3313.671 of the OHIO REVISED CODE for admission to school or has had the immunizations required by the OHIO DEPARTMENT OF HEALTH for infants and toddlers, or
_____ is to be exempted from these requirements for medical or religious reasons.

IMMUNIZATION RECORD: Enter month/day/year for each immunization.

HEP B	1	2	3		
DTP	1	2	3	4	5*
POLIO	1	2	3	4*	
MMR**	1				
HIB	1				
ROTAVIRUS (recommended)	1	2	3		

** If measles, mumps, rubella not given as MMR, give dates for each immunization.

Measles _____ Mumps _____ Rubella_____

* The 5th DTP and 4th Polio should be administered just prior to preschool or school entrance.

2) **Is free from apparent communicable disease and is in suitable condition to attend a preschool program based on his/her medical history and physical condition at the time of this examination.**

Physician's Signature	
Physician's Name (Please Print)	
Address	
City, State, Zip Code	
Phone	
Parent Name	
Child's Birth Date	

Physician's Name	
Date of Examination	
Child's Name	
Child's Birth Date	

PHYSICAL ASSESSMENT: Did the examination reveal **any abnormalities** in the following areas?

	YES	NO	FINDINGS
General Appearance			
Skin			
Lymph Nodes			
Eyes			
Ears			
Nose/Throat			
Teeth/Gums/Tongue/Palate			
Heart			Blood Pressure:
Lungs			
Abdomen			
Genitalia			
Skeletal System			
Neuro Muscular			
Allergies			Type: Treatment:

REQUIRED SCREENINGS: Please indicate the results of any screenings:

Screening	Date	Results	Follow-up Required? (When)
Vision [@2 yrs. beg. at age 3]			
Hearing [@2 yrs. beg. at age 3]			
Speech			
Hematocrit *Results Required			
Height			
Weight			
Lead *Results Required			
TB*			
Urinalysis			
Other: Sickle Cell, Etc.			

RULE 3301-37-05 OF THE ADMINISTRATIVE CODE REQUIRES PRESCHOOL PROGRAMS TO SECURE HEALTH INFORMATION FROM A CHILD'S PARENT NO LATER THAN THE FIRST DAY OF ATTENDANCE UNLESS OTHERWISE INDICATED.

Name of Child (Please Print)	
Date of Birth	
Parent(s)/ Guardian Name	
Child's Height	
Child's Weight	
Child's Current Age	

Allergies affecting child	
Special precautions and/or treatment for allergies	
Medications (prescriptions or over the counter) child is currently receiving. List dosages, times of day medication is usually given, and the reason for the medication.	
Chronic physical problems affecting child	
Date(s) of hospitalizations and reason(s) why child was hospitalized (each time).	
List the diseases the child has had to date.	
List any food supplements, modified diets, or fluoride supplements currently required.	

This information was provided by the following individual: _____

Date form completed: _____

Lima City Schools Preschool
925 East Third Street
Lima, Ohio 45804
Fax: 419-996-3301
Phone: 419-996-3692

DENTAL FORM

Child's Name:_____ Sex:_____ Birthdate:_____
Parent/ Guardian Name:_____ Phone:_____
Address:_____

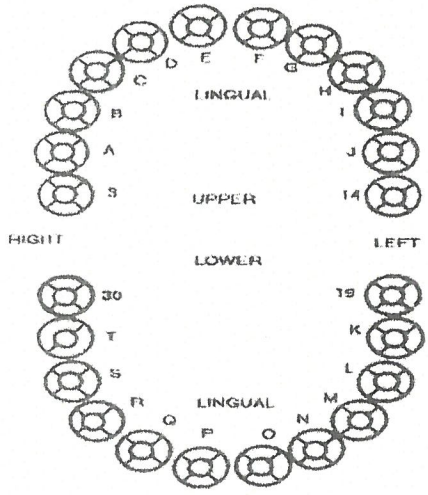
Does the child have any trouble with teeth, gums or mouth that the parent knows about?_____

Date of most recent dental exam_____ Date of next appointment _____

If follow-up is needed, please explain the treatment plan_____

_____

ORAL CONDITIONS BEFORE TREATMENT: *missing ( ), decayed ( ), or filled ( ); indicate restorations*



EXAMINATION AND TREATMENT RECORD

Tooth # or Letter	Surfaces	Date Service Performed	Description of Work

PLEASE CHECK SERVICES PROVIDED:

_____ Fluoride
_____ Prophylaxis
_____ Instruction in oral hygiene
_____ Restoration of decayed teeth
_____ Pulp therapy
_____ Extraction

PRIORITY GROUP:

_____ Needs Attention Immediately
_____ Needs Attention Soon _____ Needs Routine Care

I HEREBY CERTIFY THAT THE SERVICES LISTED ABOVE HAVE BEEN PERFORMED

Date of Examination _____

Dentist Name _____

Dentist Signature _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Lima City Schools Preschool Program

2025-2026 Preschool Agreement

1) I am allowing my child to participate in the Lima City Schools Early Childhood Preschool Program.

2) Drop off and pick up must be NO MORE THAN 5 MINUTES BEFORE THE STARTING TIME AND NO LONGER **THAN 5 MINUTES AFTER THE END OF THE PRESCHOOL SESSION.** Failure to do this could resul in my child losing their placement. CHILDREN MUST BE ACCOMPANIED BY AN ADULT TO THE DESIGNATED PRESCHOOL ENTRANCE AND EXIT.

3) I will contact the school if my child is going to be absent. Excessive UNEXCUSED absences of two weeks or more will result in my child losing their placement.

4) Preschool tuition, if applicable, is due by the 15th of the prior month. (Example: October's tuition is due by September 15th). Failure to pay on time will result in the child being dismissed from the program.

5) Payments must be delivered or mailed to Unity Elementary School, 925 East Third Street, Lima, Ohio 45804, Attention: Preschool Program. Checks can be made out to: Lima City Schools Preschool Program.
***Please do not give payments to the student or teacher. We accept cash, checks or money orders.**

Teacher: _____ **School:** _____

AM PM Full TYP/ SPED

Class Time: _____

Monthly Tuition: _____

Start Date: _____

2025-2026 Monthly Tuition

All Day Tuition	$12	$25	$50	$75	$100	$125
Poverty Level	100%	125%	150%	175%	185%	200% & Over

Half Day Tuition	$6	$12	$24	$36	$48	$60
ECE Tuition	$0	$6	$12	$24	$36	
Poverty Level	100%	125%	150%	175%	185%	200% & Over

I understand by signing this form I am agreeing to the above stated requirements for the Lima City Schools Early Childhood Preschool Program.

Print Child's Name _____

Print Parent/ Guardian Name _____

Parent/ Guardian Signature _____ **Date** _____

School Official's Signature _____ **Date** _____

**Copy form and give to parent/ guardian

Form Updated 1/13/2025

United States Department of Health and Human Services
2024 FEDERAL POVERTY GUIDELINES

Size of Family Unit	100% Poverty Level	125% Poverty Level	150% Poverty Level	175% Poverty Level	185% Poverty Level	200% Poverty Level
1	$15,060	$18,825	$22,590	$26,355	$27,861	$30,120
2	$20,440	$25,550	$30,660	$35,770	$37,814	$40,880
3	$25,820	$32,275	$38,730	$45,185	$47,767	$51,640
4	$31,200	$39,000	$46,800	$54,600	$57,720	$62,400
5	$36,580	$45,725	$54,870	$64,015	$67,673	$73,160
6	$41,960	$52,450	$62,940	$73,430	$77,626	$83,920
7	$47,340	$59,175	$71,010	$82,845	$87,579	$94,680
8	$52,720	$65,900	$79,080	$92,260	$97,532	$105,440
Family units with more than 8 members	Add $5,380 for each additional	Add $6,725 for each additional	Add $8,070 for each additional	Add $9,415 for each additional	Add $9,953 for each additional	Add $10,760 for each additional

200% of Federal Poverty Level Income Chart

Early Childhood Education funds are required to be used to provide preschool services to economically disadvantaged children whose family income falls at or below 200 percent of the federal poverty level.

Household Size		Annual Income
1	(income less than)	$30,120
2		$40,880
3		$51,640
4		$62,400
5		$73,160
6		$83,920
7		$94,680
8		$105,440

For each additional family member, add $10,760 at the 200% level.

Note: Programs must use the current year's poverty guidelines for any student enrolled on or after February 1.

2025-2026 Monthly Preschool Tuition

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