



# CLEAR FORK VALLEY LOCAL SCHOOLS BELLVILLE ELEMENTARY

211 School Street, Bellville, OH 44813 Phone: (419) 886-3855 Fax: (419) 886-2237

Ms. Janice Wyckoff, Superintendent

Mr. Bradd Stevens, Treasurer

To Whom It May Concern:

Thank you for your interest in the Clear Fork Valley Local Schools Preschool Program.

Attached please find the Application Form necessary to place your child on our waiting list. Please choose the program year(s), location, and time (1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice), fill out both sides of the application, and return to our main office in one of the three ways indicated:

**Mail to:**

Clear Fork Valley Local Schools Preschool  
Attn: Brandi Hauger/Katrina Jacobson  
125 College Street.  
Butler, Ohio 444822

**Fax to:** CFVLSP, (419) 883-3395

Attn: Brandi Hauger/Katrina Jacobson

**Email to:** [haugerb@clearfork.k12.oh.us](mailto:haugerb@clearfork.k12.oh.us)

[jacobsonk@clearfork.k12.oh.us](mailto:jacobsonk@clearfork.k12.oh.us)

A copy of your child's birth certificate and current immunizations will be required once accepted into a classroom and before the start of school. We recommend obtaining birth certificates now due to processing time at the agencies. If you need help in obtaining a birth certificate, please contact our office.

PLEASE NOTE: YOUR CHILD/CHILDREN WILL NOT BE PUT ON ANY WAITING LIST UNTIL AN APPLICATION FORM IS RECEIVED IN OUR OFFICE. CLASSES ARE FILLED ON A FIRST COME, FIRST SERVED BASIS. OLDER CHILDREN MAY RECEIVE PRIORITY OVER YOUNGER CHILDREN IN ORDER TO PROVIDE THEM A PRESCHOOL EXPERIENCE BEFORE KINDERGARTEN.

If you should have any questions regarding this application or our preschool, please feel free to contact our office at (419) 883-3451.

Thank you,

Brandi Hauger, Katrina Jacobson  
Preschool Teachers

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## Clear Fork Valley Local Schools Preschool Program

**Please Choose The Program Year, Location, And Time (1<sup>ST</sup>, 2<sup>ND</sup> and 3rd CHOICE):**

2020-2021     
  2021-2022     
  2022-2023     
  2023-2024

(Child must be 3 years old by August 1<sup>st</sup> of the program year.)

**Integrated = Class size of 12 children per class (equal typical and special needs children)**

\_\_\_\_ AM

\_\_\_\_ PM

### CHILD'S INFORMATION:

| Child's Full Name:  |   | (First)  | (Middle)                  | (Last)                                  |
|---|---|--|---------------------------|---|
| Home Phone:   |   | School District of Residence :   |                           | Date of Birth:                          |
| Street:   |   | City:  |                           | Zip:                                    |
| Mailing Address:<br>(If Different)  |   |  | City:                     | Zip:                                    |
| County:   | Sex: <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Is your child currently on an Individualized Education Plan (IEP)?<br><input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please list school district's name and phone # if available. |                           |   |
| Are there custody papers regarding the above child? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |  |                           | *Copy of custody papers will be needed. |
| If yes, who is the residential parent?  |   |  |                           |   |
| Who does the child live with: <input type="checkbox"/> Mother and Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparents<br><input type="checkbox"/> Mother & Step Father <input type="checkbox"/> Father & Step Mother <input type="checkbox"/> Foster Family <input type="checkbox"/> Adoptive Family<br><input type="checkbox"/> Other (Name): |   |  |                           |   |
| PARENT/GUARDIAN CONTACT INFORMATION   |   |  |                           |   |
| 1) Parent/Guardian's<br>First & Last Name:  |   |  | Relationship<br>to Child: |   |
| Home Phone:   |   | Cell Phone:  |                           | Work Phone:                             |
| 2) Parent/Guardian's<br>First & Last Name:  |   |  | Relationship<br>to Child: |   |
| Home Phone:   |   | Cell Phone:  |                           | Work Phone:                             |
| <input type="checkbox"/> You may contact us by this email address:  |   |  |                           |   |

### MEDICAL INFORMATION

Does your child have any health/physical problems that we should be aware of?

Do you have any concerns about any aspect of your child's development?

## OTHER INFORMATION

Comments and other information we may need:

**\*\*ENROLLMENT IS BASED ON AGE. OLDER CHILDREN RECEIVE PRIORITY OVER YOUNGER CHILDREN IN ORDER TO PROVIDE THEM A PRESCHOOL EXPERIENCE BEFORE KINDERGARTEN. PRIORITY IS GIVEN TO RETURNING STUDENTS. ADMISSION IS OPEN TO CHILDREN WITHOUT REGARD TO RELIGION, SEX, RACE, CREED, NATIONAL ORIGIN, OR DISABILITY.**

**Please return this application in one of the following ways:**

**Email: [haugerb@clearfork.k12.oh.us](mailto:haugerb@clearfork.k12.oh.us)**

**[jacobsonk@clearfork.k12.oh.us](mailto:jacobsonk@clearfork.k12.oh.us)**

**Fax: (419) 883-3395 or**

**Mail to: Clear Fork Valley Local Schools Preschool Program**

**125 College Street, Butler, Ohio 44822**

**Attn: Brandi Hauger/Katrina Jacobson**