



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 (1st, 2nd, and 3rd 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

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

**A
P
P
L
I
C
A
T
I
O
N**

Clear Fork Valley Local Schools Preschool Program

Please Choose The Program Year, Location, And Time (1ST, 2ND and 3RD CHOICE):

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

(Child must be 3 years old by August 1st 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: (If Different)			City:	Zip:
County:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Is your child currently on an Individualized Education Plan (IEP)? <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?				
Name:		Relationship:		
PARENT/GUARDIAN CONTACT INFORMATION				
1) Parent/Guardian's First & Last Name:			Relationship to Child:	
Home Phone:		Cell Phone:		Work Phone:
2) Parent/Guardian's First & Last Name:			Relationship 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

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