



# CLEAR FORK VALLEY LOCAL PRESCHOOL

[www.cfcvolts.org](http://www.cfcvolts.org)

211 School Street, Bellville, Ohio 44813 Ph: 419-886-3855 Fax: 419-886-2237

John Thomas, Interim Superintendent

Jon Mason, 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), 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  
Attn: Kathy Quickle  
125 College Street  
Butler, Ohio, 44822

**Fax to:**

CFVLPS, (419) 883-3395  
Attn: Kathy Quickle

**Email to:**

[quicklek@cfcvolts.org](mailto:quicklek@cfcvolts.org)

A copy of your child's birth certificate, residency affidavit and current immunizations will be required prior to screening your child for any opening in our preschool program. 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 have any questions regarding this application or our preschool, please feel free to contact our office at (419) 883-3451.

Thank you,

Kathy Quickle  
Preschool Coordinator

# Clear Fork Valley Local Schools Preschool Program

Please Choose The Program Year you are interested in:

2024-2025    2025-2026    2026-2027

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

**Integrated = Class size of 16 children per class (equal typical and special needs children)**

3 & 4 year olds

4 & 5 year olds (Pre-K)

## 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: Male Female	Is your child currently on an Individualized Education Plan (IEP)? Yes No. If yes, please list school district's name and phone # if available.		
Are there custody papers regarding the above child? Yes No *Copy of custody papers will be needed. If yes, who is the residential parent?				
Who does the child live with? Name: Relationship:				
<b>PARENT/GUARDIAN CONTACT INFORMATION</b>				
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:
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: [quicklek@cfc Colts.org](mailto:quicklek@cfc Colts.org)**

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

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

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

**Attn: Kathy Quickle**