

OFFICE USE ONLY

Age _____ 8/1 _____
9/30 _____

STARK COUNTY BOARD OF DD
EARLY CHILDHOOD SERVICES

OFFICE USE ONLY

Date app. rec'd: _____
Time: _____
Screening date: _____
Typ _____ Ref _____

APPLICATION FOR PRESCHOOL
ENROLLMENT FOR TYPICALLY DEVELOPING PEER

TODAY'S DATE _____

SCHOOL YEAR APPLYING FOR (circle one): 2023-2024 2024-2025 2025-2026

Child's Name _____ Sex M _____ F _____

Social Security Number _____ Date of Birth _____

Child's Address _____
house number street city zip

Phone number _____ School district child lives in _____

Has your child been involved with Help Me Grow or Early Intervention? Yes _____ No _____

Has your child been enrolled in preschool elsewhere? Yes _____ No _____
If yes, where? _____

Did your child have an I.E.P. in that preschool? Yes _____ No _____

Is your child potty trained? Yes _____ No _____

Mother's Name _____ Phone no. _____

Address _____
house number street city zip

Father's Name _____ Phone no. _____

Address _____
house number street city zip

Guardian's name (if not mother or father) _____ Phone no. _____

Address _____
house number street city zip

Contact other than parents: _____

Phone no. _____

Please list an email address for quick correspondences:

_____ @ _____ .

PLEASE COMPLETE THE BACK

PLEASE READ AND SIGN:

I understand that Stark DD Preschool is an integrated preschool for children ages 3-5 with and without developmental delays. I understand that a limited number of typically developing children will be enrolled each year based on available space. I understand that all children must be Stark County residents. I understand that Stark DD Preschool receives funding from the Ohio Department of Education as a preschool program for children with developmental delays and that children who qualify as a preschooler with a disability may receive therapy and other support services not available to my child. I also understand that a monthly fee to attend preschool as a typically developing peer will be charged. A contract and payment schedule will be handled by the finance department of the Stark County Board of Developmental Disabilities.

I further understand that my child will have an assessment by qualified staff at Stark DD to determine if he/she is at an age appropriate level in the areas of communication, fine and gross motor skills, cognition, and social/emotional skills. If this assessment raises any concerns about my child, I will be referred to my local school district for further assessment. Finally, I understand that children who are shown to be typically developing will be accepted into Stark DD Preschool on a first come basis and that this application is a request only for my child to attend Stark DD Preschool. It is not a binding contract stating that he/she will be enrolled.

signature, parent/guardian

date

PLEASE RETURN THIS COMPLETED APPLICATION TO:

**EASTGATE EARLY CHILDHOOD AND FAMILY CENTER, 2121 ASHLAND ST.,
LOUISVILLE, OH 44641.**