



St. Helen School

Living Virtue · Building Character

Dear Preschool Parents,

On behalf of the preschool team at St. Helen, welcome to our program! We are looking forward to a productive partnership with you to ensure our children can achieve their highest potential. We recognize that in order to be successful in school, our children need support from both the home and school. We know a strong partnership with you will make a great difference in your child's education. As a proactive team we will prepare students to be confident in their skills for Kindergarten.

Our five star, Step up to Quality program strives to target math, science, social studies, language arts, religion (faith formation), social and emotional standards while turning the learning into a memorable experience in a faith-filled environment. Our highly qualified staff has daily communications, utilizes Class Dojo, weekly newsletters, and enrichment projects sent home. Staff also conferences with families twice a school year to discuss goals and student performance. Lessons are built around each child's individual learning needs.

Before our school year begins, we know that you may have a few questions regarding our program. You will find many of the answers to your general questions in the *St. Helen (Preschool) Handbook*; however for more specific questions please see the information below:

Registration Required Forms & Documents:

- Registration fee: \$120 per family
- Completed Registration Packet
- Birth Certificate
- Immunization/Shot Record
- Baptismal Certificate
- Custody Papers (If applicable)

Preschool Hours and Late Pick-Up Procedures:

Our preschool hours are 8:00-2:50 pm, Monday through Friday for the five day full day program. The half day program starts at 8:00 am and pick-up is 11am. Your child may be dropped off as early as 7:35 am. If your child arrives later than 8:00 am, they are considered late, and must be taken to the main office to be signed in. We ask that you bring your child on time, as tardiness has a trickle effect on the class and is a disruption.

Contact Information:

It is critical that we have current information on your child's emergency form including accurate names, phone numbers, and addresses. If there are any changes in your contact information or pick up people, please notify us immediately. In addition, it is always helpful to know if there are any changes in your routine at home or in your child's life that may affect. Please communicate to us through Class Dojo or email. We ask that you connect to Class Dojo immediately. This provides a window into our class, teacher/school information, and specific updates on your child.

Preschool Orientation:

Prior to the start of next school year, we will hold a Preschool Orientation for all preschool parents. It will cover important information and procedures for the upcoming school year. Parents are strongly encouraged to attend. We will notify all preschool families about the details of this event once we have them.

We feel privileged to be a part of this school family and thank you for your support.

Sincerely,
The Preschool Staff

Updated 01/15/2024

Preschool Application

2024-2025 New Family Registration Form

Registration fee \$120 per Family

	Student 1 (youngest)	Student 2	Student 3
First Name			
Middle Name			
Last Name			
Nickname			
Grade Level (24-25)			
Date of Birth			
Place of Birth			
Gender	Male / Female	Male / Female	Male / Female
Last 4 digits SS#			
Religion	Catholic / Non-Catholic	Catholic / Non-Catholic	Catholic / Non-Catholic
Student Lives with:			
Hispanic	Yes or No	Yes or No	Yes or No
Race (Circle One)	American Indian/Native Alaskan Asian Black Native Hawaiian/Pacific Islander White Multi-Racial	American Indian/Native Alaskan Asian Black Native Hawaiian/Pacific Islander White Multi-Racial	American Indian/Native Alaskan Asian Black Native Hawaiian/Pacific Islander White Multi-Racial
The EdChoice Scholarship (Circle One)	Applying for EdChoice Receive EdChoice/Renewal I Choose not to apply	Applying for EdChoice Receive EdChoice/Renewal I Choose not to apply	Applying for EdChoice Receive EdChoice/Renewal I Choose not to apply
School Previously attended			
My child has been recommended for, or is currently on an: IEP, 504 Plan, RIMP, Title 1 Services	IEP: Yes / No 504 Plan: Yes / No RIMP (Grades K-3): Yes / No Title 1 Services: Yes / No	IEP: Yes / No 504 Plan: Yes / No RIMP (Grades K-3): Yes / No Title 1 Services: Yes / No	IEP: Yes / No 504 Plan: Yes / No RIMP (Grades K-3): Yes / No Title 1 Services: Yes / No
Incoming 4 th Grader: Did your child earn a promotion score on the 3 rd grade reading Test?	Yes / No N/A	Yes / No N/A	Yes / No N/A
My child was retained? What grade level?	Yes / No Grade: _____	Yes / No Grade: _____	Yes / No Grade: _____
My child was asked to leave a previous school?	Yes / No	Yes / No	Yes / No

Sacrament Information

Student Name: _____

Sacraments	Received (Yes or No)	Date	Church	City/State
Baptism				
First Communion				
Reconciliation				
Confirmation				

Student Name: _____

Sacraments	Received (Yes or No)	Date	Church	City/State
Baptism				
First Communion				
Reconciliation				
Confirmation				

Student Name: _____

Sacraments	Received (Yes or No)	Date	Church	City/State
Baptism				
First Communion				
Reconciliation				
Confirmation				

FATHER/GUARDIAN

Name of Father/Guardian: _____ Father Step Father Guardian
Last First

Home Address: _____
Address Street City State Zip
 Same as Child (ren) Different as Child (ren)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Marital Status (Circle One): Single / Married / Divorced / Widow

Employer: _____ Job Title: _____

If Military (Circle One): Active / Reserve / Retired / Contractor

Religion: _____ Are you an active member of St. Helen Parish? Yes No

If other than English, what language do you speak? _____

MOTHER/GUARDIAN

Name of Mother/Guardian: _____ Mother Step-Mother Guardian
Last First

Home Address: _____
Address Street City State Zip
 Same as Child (ren) Different as Child (ren)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Marital Status (Circle One): Single / Married / Divorced / Widow

Employer: _____ Job Title: _____

If Military (Circle One): Active / Reserve / Retired / Contractor

Religion: _____ Are you an active member of St. Helen Parish? Yes No

If other than English, what language do you speak? _____

Additional Questions:

1. Do you currently have any siblings that live in the same household, attend St. Helen School?
 - a. If yes, please list:
 - i. Name _____ Grade: _____
 - ii. Name _____ Grade: _____
 - iii. Name _____ Grade: _____
2. Are there any legal restraints prohibiting a parent/guardian from having access to the listed student(s) data?
 - i. _____ Yes (please provide custody or court documentation)
 - ii. _____ No
3. Communication to families (newsletters, etc) will be via email, auto-calls, and occasional text message. Family information may also be accessed through our school website, www.sainthelenschool.org. Click on "Current Families".
4. What phone number would you like listed as your **PRIMARY** form of contact? _____

EMERGENCY CONTACT/PICKUP INFORMATION
(Must be different from Parent/Guardian listed above)

Name	Phone Number	Relationship to Student

5. How did you hear about St. Helen School? _____

New Student Enrollment Process Statement:

I understand that completion of this application DOES NOT guarantee enrollment. Student(s) must successfully complete the screening process, complete all registration forms and submit all required documentation. The non-refundable fee of \$100 per family is due with this application to be considered for enrollment. All students will be in a probationary period for the first seven weeks of the school year. St. Helen will notify you upon completion of the enrollment process and acceptance.

Handbook:

Parent/Guardian and student agree to abide by the policies and procedures in the Parent/Student Handbook. A copy is available at <https://www.sainthelenschool.org/school-handbook> or a paper copy may be requested from the school office

I affirm and certify that all the information and answers to questions herein are complete, true and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for withdrawal from St. Helen School whenever discovered.

Signature: _____

Date: _____

Updated: 01/22/2024



St. Helen Preschool
2024/2025
Tuition Payment Plan

Child's Name: _____ DOB: _____

Nickname: _____

Preschool Programs: Please <u>CHECK ONE</u> <input type="checkbox"/> 5 FULL days 7:55am-2:50pm <input type="checkbox"/> 3 FULL Days 7:55am-2:50pm (M, W, F) <input type="checkbox"/> 5 HALF Days 7:55am-11am
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Tuition Payment Plans: Please <u>CHECK ONE</u> <input type="checkbox"/> Yearly (Due Sep 1 st) <input type="checkbox"/> Semester (Due Sep. 1 st and Feb. 1 st) <input type="checkbox"/> Bi-Monthly (Due Sep 1 st , Nov 1 st , Jan 1 st , Mar 1 st , May 1 st) <input type="checkbox"/> Monthly (Due 1 st of the month Sep – Jun)
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Preschool Tuition Payment Plans

	5 FULL Days 7:55am-2:50pm	3 FULL Days (M,W,F) 7:55am-2:50pm	5 HALF Days 7:55am-11am
Yearly Due Sep. 1 st	\$5,110	\$4,100	\$3,570
Semester Due Sep 1 st and Feb 1 st	\$2,555	\$2,050	\$1,785
Bi-Monthly Due Sep 1 st , Nov 1 st , Jan 1 st , Mar 1 st , May 1 st	\$1,022	\$820	\$714
Monthly Due 1 st of the month Sep - Jun	\$510	\$410	\$357

Are you interested in applying for tuition assistance? (Early Childhood Education Grant or Preschool Promise)
 _____ YES _____ NO

For those who are awarded the Early Childhood Grant: St Helen Sliding Scale

0-100% Federal Poverty Level	101-125% FPL Tuition charged per month	126-150 % FPL Tuition charged per month	151-175% FPL Tuition charged per month	176-200% FPL Tuition charged per month
\$0	\$86	\$86	\$86	\$86

I understand that failure to submit the required documentation in a timely manner may result in the loss of any opportunity to be awarded financial assistance.

Please Note: A \$25 charge will be added to your tuition if payment is more than 5 calendar days late, unless you have notified the preschool director in writing, indicating when payment would be made.

Printed Name: _____

Signature: _____ Date: _____

Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

Student Name: <i>(First Name and Last Name)</i> _____		Student Date of Birth: <i>(mm/dd/yyyy)</i> _____	
Communication Preferences Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.		1. In what language(s) would your family prefer to communicate with the school? _____	
Language Background Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.		2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What languages are used in your home? _____	
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.		5. In what country was your child born? _____ 6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____ 7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month Day Year	
Additional Information Please share additional information to help us understand your child's language experiences and educational background.		_____ _____	
Parent/Guardian First Name: _____		Parent/Guardian Last Name: _____	
Parent/Guardian Signature: _____		Today's Date: <i>(mm/dd/yyyy)</i> _____	

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



(Appendix A, continued)

COMPLETED BY SCHOOL EMPLOYEE

1. **Check.** Confirm the following statements related to the administration of Ohio's language usage survey:

- The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey only is used to understand students' linguistic experiences and educational background.
- The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
- For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
- Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the Language Usage Survey Annotations on page 2 for item-specific guidance.

<p>Student's native language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	<p>_____</p>
<p>Student's home language See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	<p>_____</p>
<p>Potential English learner See Language Usage Survey Questions 2-4.</p>	<p><input type="checkbox"/> Yes. Assess the student's English proficiency. <input type="checkbox"/> No. Do not assess the student's English proficiency.</p>
<p>Immigrant student status See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</p>	<p><input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.</p>

4. **Validate.** Complete the information below.

Signature of validating school employee

Date (mm/dd/yyyy)

Printed name of validating school employee

Name of school or school district

ST. HELEN SCHOOL

EMERGENCY MEDICAL AUTHORIZATION

Student Legal Name (Last-First-Middle) Birth Date

Address City Zip School District

Grade Home Room Teacher

Primary Contact Mother/Guardian Father/Guardian

Place of Employment

Cell #

Home #

Work #

Authorized persons to assume responsibility for school dismissal and provisions of care when a parent/guardian cannot be reached:

1. Phone Relationship

2. Phone Relationship

Insurance: Private - Name Medicaid/Medicare - Name None

PART I OR PART II MUST BE COMPLETED

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor Phone

Dentist Phone

Hospital/Emergency Room

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: 1) the administration of any treatment deemed necessary by above named doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and 2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent/Guardian Date

PART II: REFUSAL TO CONSENT

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

[Blank lines for action details]

Signature of Parent/Guardian Date

IMPORTANT NOTE:

STUDENTS WILL NOT BE ALLOWED TO ATTEND CLASS UNTIL ALL FORMS ARE COMPLETED, SIGNED, AND RETURNED TO THE SCHOOL OFFICE. ADDITIONALLY, IMMUNIZATION RECORDS MUST BE ON FILE PRIOR TO THE FIRST DAY OF SCHOOL.

COMPLETE BOTH SIDES

ST. HELEN SCHOOL
Health History (Parent Fills Out)

Student's Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
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Student Health Conditions

<input type="checkbox"/> YES , my child receives regular medical/health care for the following conditions:	<input type="checkbox"/> NO medical conditions
<input type="checkbox"/> Allergies	<input type="checkbox"/> Seizure disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Skin conditions
<input type="checkbox"/> Autism	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Vision problems (glasses, contacts)
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Other _____
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Other _____

DOES YOUR CHILD HAVE ANY **LIFE THREATENING ALLERGIES**? YES NO (If yes, please list and describe symptoms.)

DOES YOUR CHILD USE AN **EPI-PEN**? YES NO

Please list any prescription medication that your child takes on a regular basis.	Time	Reason

MEDICATION ADMINISTRATION
MEDICATION WILL NOT BE ADMINISTERED AT SCHOOL UNLESS FORM A AND FORM B HAVE
BEEN SIGNED AND DATED BY THE PROVIDER AND PARENT

I release and agree to hold the St. Helen School Board, its officials, and its employees harmless from any and all liability foreseeable and unforeseeable for damages or injury resulting directly or indirectly from this authorization.

Signature of Parent/Guardian: _____ Date: _____

Updated: 02/02/2024

preschool PROMISE

Preschool Promise
Application
2024-2025

Child's Name: _____ Date of Birth: _____

Gender: M / F Address: _____

Guardian Name: _____ Name of Preschool: _____

Phone Number: _____ Email: _____

The release below gives Preschool Promise permission to gather basic information about your family that you have already given to your Preschool Provider so you don't have to complete another application.

Preschool Promise and School District Release (once child enters kindergarten): I hereby allow Preschool Promise, Inc. and other associated and sponsoring agencies to collect and share data about my child's preschool assessment scores, including but not limited to, school attendance, K-3 reading intervention/special needs participation, and any other state standardized achievement assessment scores now and in the future. Additionally, I hereby authorize my child's school district to release Preschool Promise, Inc. any data regarding the kindergarten screening and assessment scores relating to body awareness, spatial concepts, memory of sentences, phonemic awareness, vocabulary, letter id/letter sounds/number awareness, visual motor, and speech/vision/hearing. This data will only be used for research, education, and/or funding purposes. Preschool Promise shall comply with the Family Educational Rights and Privacy Act, 20 U.S.C. Section 1232g, as applicable. I also understand that my child will receive one free book/month in the mail.

Preschool Provider and County Job and Family Service Release: Further, in order to help with the completion of this application, I hereby authorize my child's school district, Preschool Provider, and/or the Montgomery County Job and Family Services to release to Preschool Promise, Inc. certain information regarding my family and/or my child that it may have on file or in its databases, including but not limited to the child's date of birth, household size, household income, residency, custody information, and child care authorization stating weekly co-payment (if requesting tuition assistance) and any other family and demographic information outlined and requested in this application. I hereby consent to such disclosure of my family and my child's information by my child's school district, preschool provider and/or the Montgomery County Dept. of Job and Family Services to Preschool Promise, Inc. I, as the parent/legal guardian of the child, authorize Preschool Promise, Inc. to release any information in the application to individual preschool providers for the purpose of record keeping, audits and improving access to quality preschool education.

Text Release: By participating in Preschool Promise, you agree to receive Preschool Promise information and Kindergarten Readiness Tip messages via text platform One Call Now. You agree to receive multiple messages from both providers, including up to four messages per week from Preschool Promise. You also agree to One Call Now's terms and conditions, available at <https://www.onecallnow.com/service-agreements/> and Privacy Policy available at <https://www.onsolve.com/privacy-statement/>. Data & message rates may apply. You may cancel your receipt of One Call Now text messages at any time by "opting out" when prompted or following the instructions provided in the terms and conditions information referenced above.

Tuition Assistance Policy (if receiving): If receiving tuition assistance, I understand that if my child attends less than 60% of his/her scheduled service days for two months, not necessarily consecutively, I will no longer be eligible for tuition assistance. If your child attends fewer than 60% of his or her scheduled days/month, you and your provider will receive a letter stating that the child is on an "Attendance Inquiry" list. **If your child misses more than 60% of his or her scheduled days a second month (not necessarily consecutively), you will lose all future tuition assistance.** Families that experience extreme hardships that cause their children to fall below the attendance requirement may request special consideration and, if their appeal is granted, they may not lose their eligibility and tuition assistance. Those exceptions will be considered on a case-by-case basis. If your child changes providers in the middle of a month, tuition assistance will not be awarded to the new program until the following month, unless the family can prove an immediate transfer was required. You will be responsible for the difference in payment to the provider. The exception to this policy is for school districts where there is a Preschool start date in the middle of the month to follow the school year. Payment for that month will be prorated.

Guardian's Signature _____ Date _____

- 1) Allow Preschool Promise to use photos/videos of my child in the promotion of Preschool Promise? Yes No
- 2) Total number of people in your household (*do not include children over 18 or non-guardian adults*)? _____
- 3) Child's primary language: English Spanish Turkish Arabic Swahili Mandarin Kinyarwanda
 Other, please specify: _____
- 4) Child's ethnicity: Asian-American African American Hispanic Multi-Racial Native American White
 Other, please specify: _____
- 5) Primary guardian's highest level of education: Less than high school High school or GED Some college
 Associate degree Bachelor degree Master degree Ph.D.
- 6) Child's T-Shirt Size: Youth XS (2-4) Youth S (6-8) Youth M (10-12) Youth L (14-16)
- 7) Primary Guardian's T-Shirt Size: S M L XL 2XL 3XL 4XL 5X
- 8) Are you currently receiving PFCC/Title20: Yes – Case#: _____ No

Preschool Promise Research Consent

Preschool Promise is helping Preschools in Montgomery County keep improving. The University of Dayton's Richard Stock and Mary Fuhs are doing research to learn what instruction benefits children the most. We would like your child to be part of our research. If you agree, we will collect information regarding your child during Preschool and the K – 3rd grade years, including your child's school assessments, surveys about your child's Kindergarten experience, attendance and demographic information, and their state student ID number. Also, we will randomly select Preschools for more in-depth individual assessments. If your child's school is selected, your child will be asked to do short assessments at their school in the Fall and again in the Spring. One assessment is a card game played on an iPad that is similar to the game Simon Says (5-7 minutes). Others involve picture books and asking questions about literacy, math, and language (15-20 minutes). Children typically enjoy doing these assessments but may stop participating at any time without any consequences. These assessments will be done in the classroom or hallway at school. All of this information is routinely collected by schools as part of their normal procedures and will be treated confidentially and securely stored. Your child's name will be kept separate from all assessment data we collect. Your name and your child's name will not be shown or published anywhere. Preschools may be given results from our assessments to improve their teaching, but all scores will be classroom or center/school averages. No child's individual score will be shared.

Please feel free to contact us at any time: Richard Stock, (937) 229-2453, rstock1@udayton.edu, Mary Wagner, (937) 229-2775, mfuhs1@udayton.edu. You also may contact the chair of the University of Dayton Research Review and Ethics Committee, Benjamin Kunz, Ph.D., at (937) 229-2678 or rrec@udayton.edu.

I voluntarily agree to allow my child to participate in this study. The researchers have answered all my questions about procedures and my participation. I understand that the research team will be available to answer any questions I have in the future. I also understand that I may end my participation in this research at any time without penalty and that the research team may end my participation as well. Leaving the study or choosing not to participate will in no way affect our family's participation in Preschool Promise. I am 18 (eighteen) years of age or older.

Signature of Parent/Date

Parent's Name (printed)

The University of Dayton supports researchers' academic freedom to study topics of their choice. The topic and/or content of each study are those of the principal investigator(s) and do not necessarily represent the mission or positions of the University of Dayton.



Child Screening Program
 Sarah Wrazen, Child Screening Program Coordinator
 660 South Main Street
 Dayton, Ohio 45402
 937.528.6460 Email: swrazen@gesmv.org

For Office Use:

CHILD CARE:

Date of Admission:

0-3 3-6

County: _____

Typical

Referral: _____

Rescreen ___/___/___ ASQ +SE ITC

Rescreen Results: _____

PERMISSION TO SCREEN

Goodwill Easter Seals Miami Valley (GESMV) Child Screening Team has permission to perform an onsite developmental screening on my child and/or review my child's parent-completed Ages and Stages Questionnaires (ASQ). My child's early childhood program has permission to submit a screening for my child into the secure GESMV ASQ Online Enterprise System for review and follow-up on screening results. GESMV may release screening results and exchange information with my child's early childhood program. In the event of a suspected delay or concern, GESMV has permission to make a referral and exchange information with Help Me Grow (applicable to children 0-36 months only), your child's home school district (children ages 3-5 years), and/or your child's physician (if physician contact information is listed below). Intervention services are voluntary programs and parents may accept or refuse participation once a Help Me Grow or school district professional contacts the family if concerns are present on your child's screening. GESMV will attempt to contact you by phone or email to discuss these assessment options and gather additional developmental information. Goodwill Easter Seals Miami Valley also offers the services of our Early Childhood Support Consultant at no cost to families and early childhood learning programs to support your child's success in the classroom and beyond. The Early Childhood Support Consultant has permission to observe my child in the classroom, provide supports for the teacher and address concerns we have regarding our child's social-emotional development. At times, GESMV may run general data reports to share with community stakeholders to determine the effectiveness and scope of the online screening partnership. This shared data will **NOT** include identifiable child information including names or family contact information.

_____ Male / Female (please circle)
 Child's Name (First) (Middle) (Last)

Date of Birth ___/___/___ Number of Weeks Premature _____ (if under 2 yr.)

LANGUAGES OTHER THAN ENGLISH SPOKEN IN THE HOME: _____

 Signature of Legal Guardian Phone (Best)

 Legal Guardian's Name (Please Print) Email

 Relationship to Child Ethnicity/Race (optional)

 Address City State Zip Code

 County Home School District

In the event of a suspected developmental concern, a copy can be sent to your child's doctor/clinic:

 Child's Doctor/Clinic Name Street Name (Doctor)

- YES NO (please circle) Does your child receive any current intervention services?
- YES NO (please circle) Does your child have a current IFSP (Help Me Grow)
- YES NO (please circle) Does your child have a current IEP for special needs preschool (school district)?
- YES NO (please circle) Does your child receive private therapy?

**Preschool Family Information
2024-2025**

By providing complete information about your child, you are assisting staff in creating a positive experience for him/her in preschool. Please list any information about your child's habits, abilities, or personality that you feel will be helpful to the staff while caring and educating your child.

Child's Name (last, first):
Immediate family members:
Who lives at home with your child?
What is the primary language spoken at home?
Share any special family arrangements (shared parenting, living in two homes, custody specifics).
Share about any changes/transitions your child has recently experienced or is experiencing (divorce, new home, death of family, friend, or pet).
Share any cultural or religious practices of your family we should be aware of (dietary, clothing, etc.)
What pets do you have at home, and what are their names?
Has your child previously attended preschool or daycare? If so, please write where and when.
My child drinks (milk, juice, water, other). Please circle and write how much/when.
What are your child's favorite foods?
What food/s does your child dislike?
If there are any foods your child should not be fed, please list: **Food allergies/dietary restrictions are noted on the Ohio Medical Statement and student emergency form.
Are there additional personality or behavioral characteristics that would be useful to know?

Please circle all the words that best describe your child's personality and behavior:

active adventurous affectionate anxious bossy bright busy calm cautious cheerful content
creative curious easily-angered emotional energetic excitable friendly gives-in-easily happy
hesitant insecure jealous likes structure/routine loud loving mellow outgoing prefers adult attention
quiet sensitive serious shares-well social spontaneous stubborn tentative other:

What frightens your child? How does he/she react, and how do you comfort him/her?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

Share about what your child may use for special comfort/support at naptime/sleep.

Describe your child's mood when waking up?

What type of chair does your child use at home? (booster, child-size chair, adult chair)

What stage is your child in for toilet training? Does your child need assistance?

What words, gestures, or signs does your child use if he/she needs to use the bathroom?

What time does your child normally go to bed?

Wake up?

What time/s does your child usually nap and for how long?

If your child has trouble sleeping at night, please describe (going to sleep, night terrors, etc.).

What are you and your child excited about as he/she begins preschool?

What are your expectations for preschool?

Do you anticipate your child continuing his/her education at St. Helen School (kindergarten)?

Please write any other information which is helpful for the staff to know about your child and caring for him/her.

Parent/Guardian's Signature: _____

Date: _____



YMCA of Greater Dayton
Child Care Enrollment Process
2024

Thank you for your interest in attending our YMCA Before and After School Enrichment Care Program at St. Helen Catholic School.

Here is how the enrollment process for your center.

STEP 1: Online Pre-registration – Must be completed prior to starting the enrollment process.

- Visit the list below and follow the steps to pre-register for the 2024-2025 Before and After School Care program. Pre-registration allows us to track interest in the program and monitor our waitlist in real time.
 - <https://www.daytonymca.org/ymca-school-age-enrichment-program-st-helen-catholic-school>
- Once pre-registration is complete a member of our South YMCA Childcare Leadership team will contact you to either move your pre-registration onto STEP TWO or to notify you that your pre-registration is currently waitlisted.
- You should be contacted regarding next steps in 24-48 business hours.

STEP 2: Enrollment

- A notification will be emailed to those in pre-registration that have been moved to STEP TWO. This notification will have 2024-2025 Enrollment packet attached.
- Families will be given the option to either complete the packet and email it back or stop by the South YMCA (4545 Marshall Road) and pick up a packet with the child's name on it.
- Processing enrollment packets takes 5 to 10 business days from the day the enrollment packet is returned to the South YMCA (4545 Marshall Road).
- DO YOU RECEIVE TITLE XX or do you want to receive more information about scholarships?
 - TITLE XX TRANSFERS - If you are Title XX, please note you will need to have a change of provider form submitted if you are transferring from another center.
 - NEW ENROLLMENT – You must apply with ODJFS and be approved before you can attend.
 - TITLE XX can take up to 45 days to process.
 - You cannot attend until your child is in the YMCA portal. Please note that even if you have been told you are approved your child will need to be in the YMCA portal to attend.
 - SCHOLARSHIP – If you have been denied Title XX the YMCA has a scholarship program you can apply for. Full list of required documentation for scholarship applications is available upon request.

STEP 3: Final Steps

- Once enrollment packets families will receive a congratulations email verifying start date and any additional information.
- If the child's enrollment has other requirements families will receive an email AND phone call explaining additional information requested. Once the additional information is received, a congratulations email verifying start date and any additional information.

YOU THEN WILL BE OFFICIALLY ENROLLED! WELCOME TO THE YMCA CHILDCARE.

