



# VERMILION LOCAL SCHOOL DISTRICT

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Philip M. Pempin, Superintendent  
Justin Klingshirn, Treasurer  
James A. Balotta, Assistant Superintendent

Administration Offices  
1250 Sanford Street, Suite A  
Vermilion, OH 44089  
Phone: 440-204-1700  
FAX: 440-204-1771

Attention Parents/Guardians:

Little Anchors Preschool Program (located in Vermilion Elementary School) is now accepting applications for the 2021-2022 school year. We are offering a variety of programming for children ages 3-5. Students must be 3-years-old by August 15<sup>th</sup>, 2021 to enroll, and not age-eligible for kindergarten.

Applying for enrollment is a three-step process:

- 1. Obtain a preschool enrollment paper application**--Located in the main offices at Vermilion Elementary School and Vermilion High School.
- 2. Complete the online pre-registration:**  
<https://www.vermilionschools.org/NewStudentRegistration.aspx> Follow the student registration instructions to complete the online pre-registration information.
- 3. Registration appointment:** Once the pre-registration is complete, you will be prompted to set an appointment with the Registrar. The custodial parent or guardian must finalize the process by bringing required documents to the Administration office. **ALL of the required documents listed during the online registration process, the completed preschool enrollment paper application, and a registration fee (\$37) must be provided to finalize the enrollment. Your application will not be considered "complete" and a slot will not be reserved until all the required documents are provided. The only exception to this is the physical form. The physical form (which requires a doctor signature) is due prior to the first day of school.**

Screenings for new preschool students will take place on May 27th at Vermilion Elementary School. Parents will schedule their child's screening appointment at their registration appointment.

Please contact Brooke Spafford, Preschool Coordinator, with any questions/concerns

440-204-1703 Ext. 648

[bspafford@vermilionschools.org](mailto:bspafford@vermilionschools.org)



## Vermilion Preschool Enrollment Application 2021-2022

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's age as of 8/15/2021: \_\_\_\_\_

Please check **ONE** box to indicate your first choice for enrollment. Please note: many variables are reviewed, and slots are filled in the order of completed applications received. While we will make every effort to accommodate your request, we cannot guarantee placement in your preferred session.

\_\_\_\_\_ **Seafarers (\$1,575---\$175/month September-May)-----Monday-Friday 8:35-11:15**

This is a center-based classroom. This class will have a maximum of 16 students, ages 3-5. Within that class, 8 students are identified as a student with a disability. The other 8 students serve as model peers. A screening is required before placement.

\_\_\_\_\_ **Sailors (\$1,575---\$175/month September-May)-----Monday-Friday 12:40-3:15**

This is a center-based classroom. This class will have a maximum of 16 students, ages 3-5. Within that class, 8 students are identified as a student with a disability. The other 8 students serve as model peers. A screening is required before placement.

\_\_\_\_\_ **Mariners (\$1,575---\$175/month September-May)-----Monday-Friday 12:40-3:15**

This is a general education classroom. This class will have a maximum of 16 students, ages 4-5 (must be at least 4 years-old on the first day of school).

\_\_\_\_\_ **Starfish (\$945---\$105/month September-May)-Mon/Wed/Fri 8:35-11:15**

This is a general education classroom. This class will have a maximum of 16 students, ages 3-5.

\_\_\_\_\_ **Minnows (\$630---\$70/month September-May)-Tuesday/Thursday 8:35-11:15**

This is a general education classroom. This class will have a maximum of 16 students, ages 3-4 (must be three-years-old on the first day of school).

I understand that I need to supply my child's application/supply fees, birth certificate, proof of residency, immunization records, and completed paper application before my child will be placed. A signed physical is also required, and this must be provided prior to the start of the school year.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Vermilion Preschool Registration Requirements Checklist 2021-2022

Please review and check off items required for registration:

- Birth Certificate: Original certificate containing raised seal and/or original stamp
- Immunization Record: From doctor or health department
- Yearly Physical: From doctor or health department (signed)
- Legal Documents (if applicable): Name change, adoption, and/or custody papers (legal documents must contain journal entry date stamp from the court and judge's signature).
- Proofs of Residency: Photo I.D. of parent/guardian and two proofs of residency (examples: utility bills, lease agreement, checking/savings account, credit card statements, insurance bills, etc.).
- \$37 Application/Supply Fee
- Parent Roster Statement
- Medial Screening Consent
- Family Information Packet (SUTQ)
- Transportation Form
- Green Transportation Form (if applicable)
- Transportation Authorization Form
- SCHOLARSHIP FINANCIAL DOCUMENTS (if applicable)—please note, if applying for the scholarship, your application will not be considered unless you also submit the supporting documentation.

### **Tuition Information**

If your child has been identified as a student with a disability by the school and the team has determined that the child qualifies for an IEP, the student is not required to pay tuition for the Little Anchors Preschool Program.

All other students are expected to pay tuition. Students enrolled 5 days per week pay \$1575 (\$175/month), students enrolled 3 days per week pay \$945 (\$105/month), and students enrolled 2 days per week pay \$630 (\$70/month). These amounts can be divided into 9 monthly payments. This amount is due on the 1st of every month beginning in September and ending in May.

The \$37.00 application fee (due at the time of enrollment) will be counted as your one-time supply fee. Please contact Brooke Spafford at 440-204-1703 EXT 648 with questions/concerns.





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## Preschool Parent Roster Statement

### 2021-2022 School Year

**Purpose: In accordance with Rule 5101;2-12-54 of the Administrative Code, a roster for each group of children, which includes names and telephone numbers of parents, custodians, or guardians of children attending the center must be prepared annually and given to parents, custodians, and/or guardians upon request.**

**Child's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Please choose one:**

I, \_\_\_\_\_ would like my name and telephone number  
(Your Name) to be included in this roster.

**OR**

I, \_\_\_\_\_ would NOT like my name and telephone  
(Your Name) number to be included in this roster.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date







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## Preschool Parent Consent for Medical Health Screening 2021-2022 School Year

Please complete either A or B--do not complete both sections.

### A: To Grant Consent

I HEREBY GIVE MY PERMISSION FOR \_\_\_\_\_ to  
receive a health screening by designated personnel, physician/nurse, and/or dentist.

The health screening may include reporting of vision, dental, height, weight, hearing, lead, hematocrit, speech/language, perceptual and cognitive development (thinking and problem solving), personal-social development, and/or motor development.

These services may be available through the Pre-Kindergarten/Preschool program and are of no charge to me.

I understand the health screening will be shared by teachers, principals, and other appropriate school personnel; and that the school district will forward educational records upon request to another school district or educational agency in which my child seeks or intends to enroll. I further understand that my granting of consent is voluntary on my part and I may revoke my consent at any time.

| Signature of Parent/Legal<br>Guardian/Custodian | Relationship to Child | Date |
|---|-----------------------|------|
|---|-----------------------|------|

### B: To Refuse Consent (Do NOT complete B if you completed A).

I DO NOT GIVE MY PERMISSION for a health screening for \_\_\_\_\_.  
Reasons: (It would be helpful to school personnel who are designing an educational program to meet your child's unique needs if you would share with us your reasons for not giving permission).

| Signature of Parent/Legal<br>Guardian/Custodian | Relationship to Child | Date |
|---|-----------------------|------|
|---|-----------------------|------|





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## Preschool Medical Evaluation 2021-2022

Child Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

DOB \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

This is to certify that I have examined this child and their health records and found that:

- 1) This child has had the immunizations required by section 3313.671 of the Ohio Revised Code for admission to school, or has had the immunizations recommended by the Ohio Department of Health according to the child's age, or is to be exempted from these requirements for medical reasons.

Please note exemptions: \_\_\_\_\_

| Immunizations (*) (enter month, day, year) |        |        |        |        |        |
|--|--------|--------|--------|--------|--------|
| Vaccine                                    | Dose 1 | Dose 2 | Dose 3 | Dose 4 | Dose 5 |
| Diphtheria, Tetanus, Pertussis (Dtap)      |        |        |        |        |        |
| Hepatitis B (Hep B)                        |        |        |        |        |        |
| Haemophilus Influenza type b (HiB)         |        |        |        |        |        |
| Measles, Mumps, Rubella (MMR)              |        |        |        |        |        |
| Inactivated Polio                          |        |        |        |        |        |
| Varicella (chicken pox)                    |        |        |        |        |        |
| Influenza                                  |        |        |        |        |        |
| Pneumococcal Conjugate (PCV)               |        |        |        |        |        |
| Other:                                     |        |        |        |        |        |

*\* The immunizations above are recommended immunizations. Please consult your physician for more information. The above chart must be completed and/or immunizations must be attached.*

**TURN OVER**

- 2) Based upon medical history and physical condition at the time of this examination, this child is in suitable condition for participation in group care.
- 3) List any limitations or health conditions (including allergies, daily medications, dietary restrictions): \_\_\_\_\_

**Recommended Assessments/Screenings:**

| <u>Area</u>       | <u>Yes</u> | <u>No</u> | <u>Date</u> |
|-------------------|------------|-----------|-------------|
| <b>Vision</b>     |            |           |             |
| <b>Dental</b>     |            |           |             |
| <b>Hearing</b>    |            |           |             |
| <b>BMI</b>        |            |           |             |
| <b>Hemoglobin</b> |            |           |             |
| <b>Lead</b>       |            |           |             |
| <b>Other</b>      |            |           |             |

|  |                     |
|--|---------------------|
| Signature of examining Physician/Certified Nurse Practitioner: | Date of Examination |
|--|---------------------|

Ohio Administrative Code rules 5101:2-12-37 and 5101-2-13-37 require that this examination be given no more than twelve months prior to the date of admission to the child care facility.

|  |               |
|--|---------------|
| <b>Printed Name</b> of Physician/Certified Nurse Practitioner: | <b>Phone:</b> |
| Street Address:  |               |
| City/State/Zip Code:   |               |



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## Little Anchors Preschool 2021-2022 Transportation Authorization Form

Child Name: \_\_\_\_\_

DOB: \_\_\_\_\_

I give consent for my child to be transported via Vermilion Local Schools bussing to and/or from school, field trips, and/or emergency evacuations.

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Parent/Guardian Signature

Date





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## Transportation Form 2021-2022

Child's name: \_\_\_\_\_  
Child's DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_

My child will be transported TO school via the following method:

\_\_\_\_\_ Car

\_\_\_\_\_ School Bus

\_\_\_\_\_ Bus: My child will be picked up at our home address.

\_\_\_\_\_ Bus: My child will be picked up at an alternate address. \*Green form required

My child will be transported home FROM school via the following method:

\_\_\_\_\_ Car

\_\_\_\_\_ School Bus

\_\_\_\_\_ Bus: My child will be dropped off at our home address.

\_\_\_\_\_ Bus: My child will be dropped off at an alternate address. \*Green form required

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Parent/Guardian Signature

Date





### REQUEST FOR AN ALTERNATE PICKUP OR DROP OFF SITE VERMILION LOCAL SCHOOLS

*A student will not be loaded or unloaded at other than his or her assigned bus stop unless the School District approves a WRITTEN request by the parent or guardian of the student named on this form.*

**THIS FORM MUST BE COMPLETELY FILLED OUT**  
Please turn in to your school office, or FAX to 440-204-1785

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Teacher Name (required): \_\_\_\_\_ School: \_\_\_\_\_

*Due to increasing cost to provide transportation, this form allows parents to change the pick-up and/or drop-off for their students. You are allowed only ONE change per year to be made at the beginning of the school year. Please indicate if this change will be for the AM, PM or both. Specific days will not be permitted. This change will be in effect for the entire school year. Students may not change bus stops during the school year unless there is a change of residency.*

*Please indicate your preference below with a check mark.*

|                          |  |
|--------------------------|--|
| Bus Change for AM only   |  |
| Bus Change for PM only   |  |
| Bus Change for AM and PM |  |

Any bus change made will be for all five (5) days a week (no exceptions please) and for the entire school year. Please note that if you make a bus change you may not change back to your home address during the school year.

#### ALTERNATE BUS INFORMATION

Name of Caregiver/Grandparent/Daycare: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

PARENT/GUARDIAN FAX: \_\_\_\_\_ PARENT/GUARDIAN CELL PHONE: \_\_\_\_\_

WHO TO CALL IN CASE OF EMERGENCY: \_\_\_\_\_  
Name Phone

#### OFFICE USE ONLY

\_\_\_\_\_ DISAPPROVED – Reason: \_\_\_\_\_

\_\_\_\_\_ APPROVED BUS # \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

APPROVAL SIGNATURE: \_\_\_\_\_



Ohio Department of Job and Family Services  
**FAMILY INFORMATION**  
**FOR STEP UP TO QUALITY PROGRAMS (SUTQ)**

|  |         |                   |
|--|---------|-------------------|
| Child's Name (Last)  | (First) | Nickname (If any) |
| <i>By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.</i> |         |                   |
| Who is in the child's immediate family?  |         |                   |
| Who lives at home with your child?   |         |                   |
| What is the primary language spoken in your child's home?  |         |                   |
| Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional Details?   |         |                   |
| Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet) Additional Details?   |         |                   |
| Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)   |         |                   |
| Do you have any pets at home? If so, what are they and what are their names?   |         |                   |
| Has your child had a previous care arrangement? <input type="checkbox"/> Yes or <input type="checkbox"/> No Additional Details? (Center based, in home, with family, with parents, etc.)   |         |                   |
| My child drinks <input type="checkbox"/> milk, <input type="checkbox"/> formula, <input type="checkbox"/> juice or <input type="checkbox"/> water. (Check all that apply)<br>How much and how often?   |         |                   |
| Does your child have any favorite foods?   |         |                   |
| Does your child dislike any foods?   |         |                   |
| Are there any foods your child should not be fed? (Licensing requires documentation be completed for children with food allergies and/or dietary restrictions)   |         |                   |

Please check all of 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/routines  loud  loving  mellow  outgoing  
 prefers adult attention  quiet  sensitive  serious  shares-well  social  spontaneous  stubborn  tentative  
 other:

Are there additional personality and behavior characteristics that would be useful to know about your child?

Are there things that frighten your child? If so, how does he/she react and what do you do to 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?

Does your child use any special comfort or support items that help him/her go to sleep? If so, what?

What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)?

My child sits in a  high chair,  booster,  child size chair or  adult size chair. (Check the one that applies.)

Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used.

Does your child need assistance when using the toilet? If so, how?

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 at night and wake up in the morning?

What time(s), and for how long, does your child usually nap?

|  |      |
|--|------|
| Does your child have trouble sleeping (Night terrors, trouble going to sleep, etc.)? Please explain. |      |
| What might you and/or your child be anxious about as he/she starts in this program?                  |      |
| What are you and/or your child excited about as he/she starts in this program?                       |      |
| What are your expectations of this program?  |      |
| What other information would be helpful for the staff caring for your child to know?                 |      |
| Parent/Guardian's Signature  | Date |



## Preschool Scholarship Opportunity 2021-2022

Vermilion local schools is committed to early childhood education and early intervention. Research shows that students that attend high quality preschool programs are better equipped academically and socially for entrance into kindergarten.

We also understand that preschool services can be quite costly to our families. As part of our commitment to high quality services, Vermilion Local Schools has made preschool scholarships/potential financial resources available for students who demonstrate financial need.

### Qualifications

- Complete a financial need survey (included)
- Return form **and** supporting documents to the school (all parts are required to be considered for the scholarship)
- Meet financial qualification guidelines
- Meet Preschool qualification guidelines as outlined via Little Anchors Preschool Program Handbook

Vermilion Local Schools will provide monthly support for each scholarship awarded (exact amounts TBD). Family will be responsible for the remaining balance

If you think you may qualify, please complete the attached form and return it (**with the supporting financial documents**) at your enrollment appointment. You may also send it to:

Mrs. Karen Blackburn  
Director of Pupil Services  
1250 Sanford Street  
Vermilion, Ohio 44089

Please note: a limited number of scholarships are available!









# Vermilion Local Schools

## Preschool Scholarship Application 2021-2022

Vermilion Local Schools and its participating preschool program require all applicants to present verification of income for the previous 12 months in order to determine eligibility for financial assistance. Please fill out the following application and make sure to include the required income verification. Once the Vermilion Local Schools and the participating preschool have reviewed and made a decision, you will be contacted. Additional scholarship opportunities may be available.

County of Residence:  Erie  Lorain

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Home Phone #: \_\_\_\_\_ Contact Cell Phone #: \_\_\_\_\_

What amount do you feel you could pay towards your child's monthly tuition? \$ \_\_\_\_\_

### In order to determine all sources of annual household income, please answer the following questions:

- Do you or anyone in the household receive SSI?  Yes  No  
If Yes, please give amount: \$ \_\_\_\_\_
- Have you received unemployment compensation in the past 12 months?  Yes  No  
If Yes, please give amount: \$ \_\_\_\_\_
- Do you qualify to receive food stamps?  Yes  No  
If Yes, please give amount: \$ \_\_\_\_\_
- Do you receive child support?  Yes  No  
If Yes, please give amount: \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_ Bi-weekly \$ \_\_\_\_\_ Monthly
- Family size: \_\_\_\_\_ Adults \_\_\_\_\_ Children
- Total Annual Household Income: \$ \_\_\_\_\_  
*Please include all sources of income, including the ones mentioned above.*

**\*\*\*\*\*All household earners are REQUIRED to submit the following documents along with this application. Your application will NOT be accepted without also submitting:**

- 1) The front page of your most recent income tax form**
- 2) Your TWO most recent paycheck stubs**

Applications without the required income verification documentation will not be considered for financial assistance. Any falsification of this information will jeopardize your financial assistance.

The preschool reserves the right to request updated income verification at any time throughout the school year to continue providing the financial assistance. If your financial circumstances change, contact your preschool teacher.

I certify that all the information on this application is true. If any part is false, my participation in this agency's program may be terminated.

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

**TO BE COMPLETED BY THE PRESCHOOL**

For School Year: \_\_\_\_\_ Preschool Monthly Tuition: \$ \_\_\_\_\_

Recommended Student's Monthly Scholarship \$ \_\_\_\_\_ Family Contribution \$ \_\_\_\_\_

Director of Pupil Services Signature \_\_\_\_\_

Date \_\_\_\_\_



# Vermilion Local Schools

## Scholarship Criteria

- 1) Applicant must be at or below 150% of the Federal Poverty Level: Find your family size and monthly or yearly income below to determine if you are eligible for this preschool scholarship. Pregnant women count as two people of the purpose of this chart.

### Federal Poverty Guidelines

| Household Size | 100%     | 133%     | 150%     |
|----------------|----------|----------|----------|
| 1              | \$11,880 | \$15,800 | \$17,820 |
| 2              | 16,020   | 21,307   | 24,030   |
| 3              | 20,160   | 26,813   | 30,240   |
| 4              | 24,300   | 32,319   | 36,450   |
| 5              | 28,440   | 37,825   | 42,660   |
| 6              | 32,580   | 43,331   | 48,870   |
| 7              | 36,730   | 48,851   | 55,095   |
| 8              | 40,890   | 54,384   | 61,335   |

- 2) **Qualification Guidelines:** Must meet the qualification guidelines as outlined via Northpoint Educational Service Center
- 3) **Attendance Requirement:** A 90% attendance rate is required to maintain eligibility in the scholarship program.
- 4) **Special Circumstances:** Do you have any other financial obligations of which you would like to make us aware?
  - a. Please describe any special circumstances you or your family are experiencing.

We reserve the right to make any adjustments when awarding scholarships due to extenuating circumstances.

Please note: All household earners are **REQUIRED** to submit the following documents along with this application. Your application will **NOT** be accepted without also submitting:

- 1) The front page of your most recent income tax form
- 2) Your TWO most recent paycheck stubs