



# VERMILION LOCAL SCHOOL DISTRICT

Dr. David Hile, Superintendent  
Wes Weaver, Assistant Superintendent  
Justin Klingshirn, Treasurer  
Karen Blackburn, Pupil Services Director

Administration Offices  
1250 Sanford Street  
Vermilion, OH 44089  
Phone: 440-204-1700

Attention Parents/Guardians:

Little Anchors Preschool Program (located in Vermilion Elementary School) is now accepting applications for the 2024-2025 school year. We are offering a variety of programming for children ages 3-5. Students must be 3-years-old by August 1st, 2024 to enroll, and not age-eligible for kindergarten. General education students who are age-eligible for kindergarten are not eligible to enroll in the Little Anchors Preschool Program.

Applying for enrollment is a four-step process:

1. **Obtain a preschool enrollment paper application**—Available to print from the district website and/or available to pick up in the Vermilion Elementary School (VES) Office.
2. **Turn in the completed packet to the VES main office**---All pages of the application and the \$37 supply fee must be turned in for your application to be accepted. Once this step is completed, your child will be cleared for enrollment if space is available. 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. Physicals can be scheduled and completed at the Vermilion School-Based Health Center (567-867-5174 --See the attached flyer for additional information).
3. **Complete the online pre-registration:** <https://www.vermilionschools.org/NewStudentRegistration.aspx>  
Follow the student registration instructions to complete the online pre-registration information. **Please note: this step can only be completed AFTER step two is completed and you must first be cleared to enroll by the preschool director.**
4. **Registration appointment:** Once the online 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 must be present at the time of your enrollment appointment. A preschool slot will not be secured 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 in August of 2024. Parents will be contacted in early August to schedule a date/time.

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

440-204-1703 Ext. 648

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



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## Vermilion Preschool Enrollment Application 2024-2025

Child's Name: \_\_\_\_\_  
Parent Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Child's Date of Birth: \_\_\_\_\_  
Child's age as of 8/1/2024: \_\_\_\_\_

Please indicate your top three choices for enrollment by placing the numbers 1-3 on the lines provided. 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 requests, we cannot guarantee placement in your preferred session(s).

### **Seafarers -5 DAYS (\$1,575---\$175/month September-May)-----Monday-Friday 8:35-11:15**

This is an integrated classroom. This class will have a maximum of 16 students, ages 3-5. Within that class, 50% of students are identified as a student with a disability, and 50% of students serve as model peers. A model peer screening is required before placement.

### **Sailors-5 DAYS (\$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 20 students, ages 3-5.

### **Mariners-5 DAYS (\$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 20 students, ages 4-5 (5<sup>th</sup> birthday must be prior to 8/1/25).

### **Minnows-5 DAYS (\$1,575---\$175/month September-May)-----Monday-Friday 8:35-11:15**

This is a general education classroom. This class will have a maximum of 20 students, ages 3-4 (4<sup>th</sup> birthday must be after 8/1/24).

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. I understand that non-payment of tuition fees will result in termination from the program.

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



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## **Vermilion Preschool Registration Requirements Checklist 2024-2025**

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) \*Due prior to the first day of school. Physicals can be scheduled and completed at the Vermilion School-Based Health Center (567-867-5174 --See the attached flyer for additional information).

\_\_\_\_ 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 & Authorization Form

\_\_\_\_ Green Transportation Form (if applicable)

\_\_\_\_ 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 has an Individualized Education Program (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 \$1,575 (\$175/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. This is required for all students. Please contact Brooke Spafford at 440-204-1703 ext. 648 with questions/concerns.



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## Preschool Medical Evaluation 2024-2025

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**

VES Phone: 440-204-1703  
VES FAX: 440-204-1747

- 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:**

<b><u>Area</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>Date</u></b>
<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
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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><u>Printed Name</u></b> of Physician/Certified Nurse Practitioner:	<b>Phone:</b>
Street Address:	
City/State/Zip Code:	



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## Medical Health Screening 2024-2025 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, 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.

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Signature of Parent/Legal 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).

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Signature of Parent/Legal  
Guardian/Custodian

Relationship to Child

Date



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## Preschool Parent Roster Statement 2024-2025 School Year

**Purpose:** In accordance with Rule 3301-37-07 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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## Little Anchors Preschool Transportation 2024-2025

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

## Transportation Authorization 2024-2025

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



**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) 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



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## Preschool Scholarship Opportunity 2024-2025

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). Families will be responsible for their 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 and they are awarded in the order they are received.**



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## **VLSD Preschool Scholarship Application 2024-2025**

*Little Anchors Preschool Program requires 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 has reviewed your application 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

## VLSD Scholarship Criteria

- 1) Applicant must be at or below 133% 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.

### Federal Poverty Guidelines

Household Size	100%	133%
1	\$14,580	\$19,391
2	\$19,720	\$26,228
3	\$24,860	\$33,064
4	\$30,000	\$39,900
5	\$35,140	\$46,736
6	\$40,280	\$53,572
7	\$45,420	\$60,409
8	\$50,560	\$67,245

- 2) **Qualification Guidelines:** Must meet the qualification guidelines (outlined above).
- 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.**

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TO BE COMPLETED BY THE PRESCHOOL

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

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

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Director of Pupil Services Signature

Date