



Important Information

There is a new process this year if you qualify for reduced tuition through the ECE grant. In addition to filling out the enrollment packet, you will need to create an account at <https://ssp.benefits.ohio.gov/apspspp/ssp.portal> and click on the “apply for cash, food, medical, or child care assistance” link. Please record your username and password somewhere for future use.

Helpful Tips Before You Begin

- You will need to upload the following:
 - Birth certificates for all children who need child care
 - Proof of income for your household - last 3 pay stubs or tax records, received child support payments, social security income, and proof of any child support paid for children not living with the applicant
 - No proof of income is required if your child is on an IEP. However, you will need to submit your child’s IEP signature. Please see the preschool secretary if you need a copy.
- Our site license # is **1000019775** and our program is listed as: **Preble County Public Preschool**
- Step 2 - the “applicant” is the parent/caretaker
- Under the “household” information-list everyone in the household, it will ask for a social security number for each member.
- It will take approximately 30 days to receive a response regarding your eligibility.
- You may receive a letter from JFS stating that you have a “zero dollar copayment” but that **does not mean that your weekly tuition will be at no charge**. The Preble County ESC will determine the weekly tuition amount based on the poverty guideline chart on the back of this page and will notify you when you are approved and placed.
- The CDJFS will process the family’s application. The CDJFS caseworker will contact the family if there are questions or if additional information is needed. If you are unsure how to answer a question, leave it blank.
- **If you are approved, please email a copy of your approval letter to jan.metz@preblecountyesc.org**
- Questions about filling out the application or your status: call **JFS at 937-456-6205**

2025 Federal Poverty Guidelines

Size of Family Unit	100% Poverty Level	125% Poverty Level	150% Poverty Level	175% Poverty Level	185% Poverty Level
1	\$0-15,060	\$15,061-18,825	\$18,826-22,590	\$22,591-26,355	\$26,356-30,119
2	\$0-20,440	\$20,441-25,550	\$25,551-30,660	\$30,661-35,770	\$35,771-40,879
3	\$0-25,820	\$25,821-32,275	\$32,276-38,730	\$38,731-45,185	\$45,186-51,639
4	\$0-31,200	\$31,201-39,000	\$39,001-46,800	\$46,801-54,600	\$54,601-62,399
5	\$0-36,580	\$36,581-45,725	\$45,726-54,870	\$54,871-64,015	\$64,016-73,159
6	\$0-41,960	\$41,961-52,450	\$52,451-62,940	\$62,941-73,430	\$73,431-83,919
7	\$0-47,340	\$47,341-59,175	\$59,176-71,010	\$71,011-82,845	\$82,846-94,679
8	\$0-52,720	\$52,721-65,900	\$65,901-79,080	\$79,081-92,260	\$92,261-105,439
ECE Grant	\$0.00	\$20.00	\$30.00	\$35.00	\$40.00

Thank you for your understanding as we navigate through this new process!



2025-2026 ECE Grant Registration Packet

The following forms and documentation **MUST** be completed and returned to assure enrollment in a Preble County Educational Service Center Preschool classroom.

STUDENT NAME: _____ **BIRTH DATE:** _____

Is this a returning student? __ YES __ NO Is your child toilet trained? __ YES __ NO

If transportation is available, would you be interested? __ YES __ NO

If transportation is different from the parent, please complete:

Pick up/Drop off Contact Name: _____ Phone: _____

Address: _____

REQUIRED COMPLETED FORMS

- | | |
|--|---|
| <input type="checkbox"/> Preschool Registration Form

<input type="checkbox"/> Student Information Form

<input type="checkbox"/> Early Childhood Education Eligibility Screening Tool | <input type="checkbox"/> Emergency Contacts Authorizations & Consents (at least 3 contacts, preferred doctor, dentist, and hospital required)
<input type="checkbox"/> Preschool Authorizations & Consent

<input type="checkbox"/> Preschool Tuition & Transportation Agreement |
|--|---|

REQUIRED DOCUMENTATION

- | | |
|---|---|
| <input type="checkbox"/> Copy of Birth Certificate

<input type="checkbox"/> Immunization/Shot Record

<input type="checkbox"/> Child Medical Statement (due within 30 days of school)

<input type="checkbox"/> Dental Form (due within 30 days of school) | <input type="checkbox"/> Copy of Proof of Income (tuition students only) (3 recent pay stubs or tax forms)
<input type="checkbox"/> Copy of Proof of Residence (IEP students only)

<input type="checkbox"/> Copy of Custody documentation of student (if applicable)
<input type="checkbox"/> DCY Release of Information |
|---|---|

PARENT PREFERENCE PLACEMENT (Please rate each session below by number in order of preference):

Eaton-East Preschool Program <i>506 Aukerman Street, Eaton</i>	ESC Preschool Program <i>597 Hillcrest Drive, Eaton</i>	ECE Grant Program <i>597 Hillcrest Drive, Eaton</i>
AM Eaton-East 7:45-11:00 am	AM ESC Office 7:55-11:10 am	AM ESC Office 7:55-11:10 am
PM Eaton-East 11:30-2:45 pm	PM ESC Office 11:55-3:10 pm	PM ESC Office 11:55-3:10 pm

*We do not guarantee placement choice, but will take preference into consideration.
 The class times above are tentative and subject to change.*

<p align="center"><u>STUDENT DATA</u></p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Gender: (circle one) Female Male</p> <p>Date of Birth: Month _____ Day _____ Year _____</p> <p>Birth City: _____</p> <p>Ethnicity: <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Island</p>	<p align="center"><u>STUDENT ADDRESS</u></p> <p>Street Address: _____</p> <p>City: _____ Zip Code: _____</p> <p>Mailing Address:(if different from above) _____</p> <p>Street City Zip</p>
<p align="center"><u>MOTHER</u></p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian/Foster Parent</p> <p>Last Name: _____ First Name: _____</p> <p>Email Address: _____</p> <p>Mailing Address: (if different from student) _____</p> <p>Street City Zip</p> <p>Phone Number (Home): _____</p> <p>Phone Number (Cell): _____</p> <p>Phone Number (Work): _____</p> <p>Employer: _____ Occupation: _____</p> <p>Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Active Reserve</p>	<p align="center"><u>FATHER</u></p> <p><input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian/Foster Parent</p> <p>Last Name: _____ First Name: _____</p> <p>Email Address: _____</p> <p>Mailing Address: (if different from student) _____</p> <p>Street City Zip</p> <p>Phone Number (Home): _____</p> <p>Phone Number (Cell): _____</p> <p>Phone Number (Work): _____</p> <p>Employer: _____ Occupation: _____</p> <p>Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Active Reserve</p>
<p align="center"><u>PARENTAL CUSTODIAL HISTORY</u></p> <p><input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced</p> <p>Parent Deceased: <input type="checkbox"/> Mother <input type="checkbox"/> Father</p> <p><input type="checkbox"/> Removed from parent's custody by court order</p>	<p align="center"><u>COURT ORDERED PLACEMENT</u></p> <p><input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Joint Custody <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent</p>
<p align="center"><u>DAYCARE/BABYSITTER INFORMATION</u></p> <p>Name of Caregiver: _____</p> <p>Relationship: _____</p> <p>Street Address: _____</p> <p>City: _____ Zip Code: _____</p> <p>Phone Number (Home): _____</p> <p>Phone Number (Cell): _____</p>	<p align="center"><u>SIBLINGS</u></p> <p align="center">BROTHERS & SISTERS</p> <p>Name: _____ Date of Birth: _____ School: _____ Grade: _____</p> <p>Name: _____ Date of Birth: _____ School: _____ Grade: _____</p> <p>Name: _____ Date of Birth: _____ School: _____ Grade: _____</p>

**EMERGENCY CONTACTS
AUTHORIZATIONS & CONSENTS**

The purpose of this form is to enable parents/guardian to authorize the provision of emergency medical treatment for a child who becomes ill or injured while under school authority when parents or guardians cannot be reached.

Student Name: _____ Date of Birth: _____

ADDITIONAL EMERGENCY CONTACT INFORMATION

Primary Parent(s)/Guardian(s) will **always** be contacted first in the event of an illness/emergency. Please list in order how **additional** contacts are to be made when we are unable to reach parent(s)/guardian(s).

ADDITIONAL CONTACT #1
Name: _____ Relationship: _____ Can Pick Up Student: Yes No
Primary Phone: _____ Additional Phone: _____

ADDITIONAL CONTACT #2
Name: _____ Relationship: _____ Can Pick Up Student: Yes No
Primary Phone: _____ Additional Phone: _____

ADDITIONAL CONTACT #3
Name: _____ Relationship: _____ Can Pick Up Student: Yes No
Primary Phone: _____ Additional Phone: _____

ADDITIONAL CONTACT #4
Name: _____ Relationship: _____ Can Pick Up Student: Yes No
Primary Phone: _____ Additional Phone: _____

I hereby give consent for the following medical care providers and local hospital to be called:
Preferred Hospital/ER: _____ Phone: _____
Doctor: _____ Phone: _____
Dentist: _____ Phone: _____
Medical Specialist: _____ Phone: _____

EMERGENCY MEDICAL AUTHORIZATION – (ONLY INITIAL ONE LINE PLEASE)

_____ **INITIAL TO GRANT CONSENT** – I hereby give consent for the medical care providers and local hospital to be called. 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 doctor, or, in the event the designated preferred 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 dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. This information may be shared with school personnel if it is pertinent to my child's health and safety, educational progress, and/or behavioral management plan.

_____ **INITIAL TO REFUSE CONSENT** – I do not give my consent for emergency medical treatment for my child named above. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: _____

Signature of Parent/Guardian: _____ Date: _____

Student's Name: _____
 First Middle Last

Nickname: _____ Date of Birth: _____

1. List all the food or environmental allergies and any special precautions and treatment indicated for these allergies: _____

2. List any medications, food supplements, modified diets or fluoride supplements currently being administered to the child: _____

3. List any chronic physical problems and any history of hospitalization: _____

4. List any diseases the child has had: _____

5. Does your child have any habits we should be aware of? _____

6. Does your child have any fears we should be aware of? _____

7. Does your child currently receive any outside services such as Speech Therapy, Occupational Therapy, etc.? _____

Signature of Parent/Guardian _____ Date _____

Student's Name: _____
First Middle Last

PERMISSION TO DISPLAY PHOTOGRAPHS, AUDIO, VIDEO, ELECTRONIC IMAGES, ARTWORK AND/OR STORIES
I give consent (or do not give consent) for photographs, audio, video or electronic images of my student; original written materials, artwork, or other work created by my child during the course of instruction: as well as quoted statement by my child to be used by the district for exhibition, public display, publication, publicity materials, advertising, news media stories, video, audio, or other electronic media such as the Internet, television, CD-ROM, or DVD, and social media sites. I understand that my student's full name may also be used with such display.
_____ Yes I give consent _____ No I do not give consent

FIELD TRIP PERMISSION
My child, named above, has my permission (or does not have my permission) to attend all scheduled field trips. Written notice, including all details of each field trip, will be sent home with your child prior to each field trip.
_____ has my permission _____ does NOT have my permission

DEVELOPMENTAL SCREENING
I understand that my child, named above, will receive a developmental screening as required by the State of Ohio and that any concerns/recommendations will be discussed with me at a conference.
_____ Yes I understand

EDUCATION INFORMATION
I authorize the Preble County Preschool to release enrollment information, as well as any information pertinent to my child's education to my local school district. I understand that this information will remain confidential.
_____ Yes I authorize

NOTIFICATION OF CHANGE
I agree to notify the Preble County Preschool teaching staff immediately of any changes in the drop off or pick up of my child.
_____ I agree _____ I do NOT agree

CLASS ROSTER
I agree that my child's name, my name, address, and telephone number may be included in the Class Roster which will be made available to the parent of each child in the program.
_____ has my permission _____ does NOT have my permission

GROUP ACTIVITIES
I agree that my child may be involved in small group and large group activities with the speech therapist or intervention specialist in the classroom.
_____ has my permission _____ does NOT have my permission

VIDEO FOR ANALYZATION
I agree that my child may be videotaped in order to collect data for analyzing teaching practices, student behaviors to develop behavior and other educational plans as needed, their Early Learning Assessment and/or IEP goals if applicable. Videotapes will only be shared with appropriate staff.
_____ has my permission _____ does NOT have my permission

Signature of Parent/Guardian _____ Date _____



ECE Eligibility Screening Tool
Please List all Household Members
(Including Children)

Name (First and Last)	Relationship to You (spouse, son, friend, etc)	Date of Birth	Gender M or F	U.S. Citizen Y or N	Type of Income	Amount of Income (before taxes)	Pay Schedule (weekly, bi- weekly, etc)
	Self						

Do you or anyone in your household pay child or spousal support? Yes No

How much?

Signature of Applicant _____

Date _____

PRESCHOOL TUITION & TRANSPORTATION AGREEMENT

TUITION

The Preble County preschool program charges an annual tuition amount for each child on a sliding scale. We do not charge by the hour, or by the day. Instead, we charge for the slot for the year. When a family pays their tuition each week, they are actually paying toward the cost for the slot for the school year.

_____ has my permission to attend the Preble County Preschool.
(Student's Name)

I agree to pay the amount of \$_____ for each week of enrollment, and I understand that tuition is due in advance of each week and the first payment due is the first day of school. Subsequent payments are due every first day of the school week thereafter. Tuition will be due regardless of any absences or snow days (excluding Thanksgiving, Winter and Spring Breaks). If I am one week late with my tuition payment, a reminder note will be sent home with my child. If I am two weeks late with my tuition a second notice will be sent home. If I am three weeks behind on my tuition payment, a final notice will be sent home. If I am not able to pay my child's tuition in full within the date specified on the final notice, I understand I will lose my child's placement in preschool.

Parent/Guardian Signature

Date

.....

TRANSPORTATION

_____ has my permission to be transported to their Preschool
(Student's Name)

Program. I understand that my child has the opportunity to be transported for a fee because their place of pick up and drop off is a current bus stop location. I further understand that if their place of pick up and drop off is discontinued as a bus stop in the future, then my child may no longer be able to be transported.

I agree to pay the transportation fee of **\$10 per week**, and I understand that the transportation fee is due along with the preschool tuition fee in advance of each week. The first payment is due the first day of school. Subsequent payments are due every first day of the school week thereafter. Tuition and transportation fees are due regardless of any absences or snow days (excluding winter and spring breaks).

Parent/Guardian Signature

Date



This form meets Ohio Administrative Code. Programs may use this form or build their own.

Section I - Child Medical Information

Child's Name _____

Date of Birth _____ Height _____ Weight _____

Table with 2 columns: Immunizations and Exempt from Immunization. Rows include Complete for Age, In Process, Religious Conviction, Health, and Other.

Limitations or health conditions, including allergies, medications, and dietary restrictions.

Large empty rectangular box for writing limitations or health conditions.

Section II - Child Medical Statement Verification

Physician/Clinic/Hospital Name _____ Provider Address _____

Provider Phone Number _____ Provider City _____ Provider State _____ Provider Zip _____

Check box of examining medical professional:

- Physician
Physician Assistant
Advanced Practice Registered Nurse

This child has been examined and is in suitable condition to participate in group care.

Signature of Medical Professional _____ Date of Exam _____

Programs funded through the Ohio Department of Education must have written policies and procedures to ensure that children have received comprehensive health screenings and/or that families are informed of the importance of health screenings and the resources to obtain them.

PREBLE COUNTY EDUCATIONAL SERVICE CENTER

Early Childhood Programs

597 Hillcrest Dr., Eaton, OH 45320

PH: 937-456-1187

FAX: 937-456-3253

DENTAL FORM

Child's Name: _____

Gender: _____ DOB: _____

Parent/Guardian's Name: _____ Phone: _____

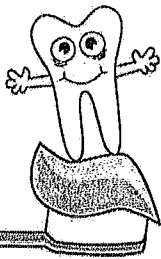
Address: _____ Zip: _____ Teacher: _____

Preventive Services Completed:

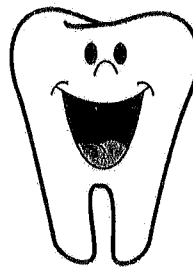
Date: _____

Treatment Completed:

Date: _____



- _____ Exam
- _____ Prophyl
- _____ Fluoride
- _____ X-rays
- _____ OHI



- _____ Restorative
- _____ Extractions
- _____ Pulpotomy
- _____ Sealants

Comments:

Check if treatment is required. How many restorations? _____

Check if all services for this child have been completed.

Check if treatment is discontinued: Reason _____

6-month check up appt. _____

Next Treatment Date: _____

I HEREBY CERTIFY THAT THE SERVICES LISTED ABOVE HAVE BEEN PERFORMED

Dentist's Signature: _____

Address: _____ Phone: _____

Ohio Department of Children and Youth
EARLY CARE AND EDUCATION SERVICES
RELEASE OF INFORMATION

Caretaker Name		Phone Number			
Street Address	City	State	Zip		
Caretaker Email (<i>must be email you used in the SSP, if you have an SSP account</i>)		Last four digits of Caretaker SSN			
REASON FOR THE CONSENT TO RELEASE INFORMATION					
<p>This consent gives permission for the county department of job and family services (CDJFS)/Ohio Department of Children and Youth (DCY) to release publicly funded child care, early childhood education grant or special projects application information to the identified early care and education provider.</p> <p>You are not required to complete this form to be eligible for publicly funded child care, early childhood education grant or special projects.</p> <p>An early care and education provider cannot require you to complete this form as part of their enrollment process and/or to receive child care.</p>					
CONSENT TO RELEASE INFORMATION					
<p><u>Reason for Consent</u></p> <p>I _____ understand that by signing this that the provider(s) has access to my information until the access is revoked by me or my authorized representative even if I'm no longer attending that program.</p> <ul style="list-style-type: none"> • Primary caretaker first and last name, address and phone number • First and last name and date of birth of children needing care. • Application information: <ul style="list-style-type: none"> ○ Application status, including denied without PAD (payment after denial) and pending application. ○ Verification documents needed. ○ Eligibility begin and end date. ○ Authorization information. 					
<p>This information may be released to:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;"> Provider 1 Name Preble County ESC Program License Number 100019775 Provider Address 597 Hillcrest Drive Eaton, OH 45320 </td> <td style="width: 50%; padding: 5px;"> Provider 2 Name _____ Program License Number _____ Provider Address _____ </td> </tr> </table>				Provider 1 Name Preble County ESC Program License Number 100019775 Provider Address 597 Hillcrest Drive Eaton, OH 45320	Provider 2 Name _____ Program License Number _____ Provider Address _____
Provider 1 Name Preble County ESC Program License Number 100019775 Provider Address 597 Hillcrest Drive Eaton, OH 45320	Provider 2 Name _____ Program License Number _____ Provider Address _____				
<ul style="list-style-type: none"> • This document can be submitted using one of the following methods: <ol style="list-style-type: none"> 1. Uploaded into the Self-Service Portal (SSP) by accessing your benefit https://ssp.benefits.ohio.gov/ 2. Submitted to the caretakers' county agency. • This consent will remain in effect for eighteen months from the date of application for pending and denied child care applications or may be revoked by the Caretaker or Caretaker's Authorized Representative at any time by providing notice in writing, which must include your name and case number using one of the following: <ul style="list-style-type: none"> • Uploaded into the Self-Service Portal (SSP) by accessing your benefit https://ssp.benefits.ohio.gov/ • Submitted to the caretakers' county agency. • By signing this form, I am responsible for terminating the listed provider(s) access to the information listed on this form. • Be aware that the information used or disclosed pursuant to this authorization may be disclosed by the recipient of the information and may no longer be protected from disclosure. • Treatment, payment, enrollment, or eligibility for public assistance cannot be conditioned on signing this authorization unless the authorization is necessary for determining eligibility for the public assistance program. 					

- Pursuant to federal and state law, and applicable policies the DCY may access and disclose information contained in systems controlled or maintained by the DCY or controlled and maintained for the benefit of the DCY.

Signature of Caretaker or Caretaker's Authorized Representative listed in Ohio Benefits

Date