



Miamisburg City Schools

Maddux-Lang Primary Registration

General Registration Information:

- Registration takes place at Maddux-Lang Primary School located at 4010 Crains Run Road in Miamisburg.
- Children must be three (3) or older prior to August 1, 2018 to be eligible to register.
- Children must be toilet trained prior to the start of school to be eligible to enroll.
- Dates for registration are as follows:

Monday, March 5, 2018 from 9:30 a.m. – 6:00 p.m.

Tuesday, March 6, 2018 from 9:30 a.m. – 3:00 p.m.

Wednesday, March 7, 2018 from 9:30 a.m. – 3:00 p.m.

* Spaces are limited and students will be selected according to age and needs of the program.

- **HOW TO REGISTER:**

- Families are able to download all forms required for registration from our website: www.miamisburgcityschools.org
 - If you are unable to download, forms packets are available at the time of registration or in the Maddux-Lang office.
 - These forms include: registration worksheet, session preference worksheet and physical form

- **WHAT TO BRING WITH YOU TO REGISTRATION:**

- Proof of Residency (Lease, Rental Agreement, Utility or Cable Bill)
- Child's original birth certificate
- Immunization Records
- Child's Social Security Card
- Certified copy of Custody Papers (if applicable)
- Parent Photo Identification

- **Tuition:** is \$1,200 for the year, payable in \$300 quarterly payments as follows: \$300 due in May at time of acceptance into the program, and \$300 payments on or before the last day of the previous grading period. Dates to follow.

This is an exciting time for preschool age children as it starts their life-long love of learning. If the staff at MLPS may be of assistance, please contact the school office at 847-2766.



**Miamisburg City Schools
Early Childhood Education
(Preschool)**



Session Preference

Student Name

Parent Name

I would like to request the following Early Childhood Education (Preschool) session for my son/daughter:

Please indicate first and second choice:

_____ AM Session – 9:05 a.m. to 11:35 a.m.

_____ PM Session – 1:15 p.m. to 3:45 p.m.

NOTE: Every attempt will be made to honor your request as the Early Childhood Education staff work to create balanced classrooms.

Miamisburg City Schools – Student Registration Worksheet

Student Information:

Office Use Only: SIS#

Legal Name: _____ Date of Birth: ____/____/____
 (First) (Middle) (Last) (Called Name)

Street Address: _____ Gender: Male ___ Female ___

City: _____ Zip Code: _____ County: _____

Primary contact Telephone:_(_____)_____ unlisted: yes no Social Security Number: _____

Current Grade: _____ Has child even been retained? Yes ___ No ___ If so, what grade were they retained? _____

Is the Student of Hispanic/Latino heritage? Y___ or N___ Race (Note: If Multi-Racial, select all that apply) ___ White ___ Black or African American ___ Asian ___ American Indian/Alaskan Native ___ Native Hawaiian or Other Pacific Islander

Homeless Status: Not homeless ___ Shelter ___ Unsheltered ___ Doubled Up ___ Hotel/Motel ___

Citizenship: U.S. Citizen ___ Exchange student ___ Dual national ___ Non-resident alien ___ Resident alien ___

Is your child receiving Special Education Services: yes ___ no ___ Is your child receiving Gifted Education Services: yes ___ no ___

Place of Birth (City) _____ Legal District of Residence _____

Parent/Guardian Information:

Father ___ Mother ___ Step Parent ___ Guardian ___ Foster Parents ___

Legal Name: _____

Address: _____

City/Zip: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Address: _____

City/Zip: _____

Phone: _____

Email Address: _____

Father ___ Mother ___ Step Parent ___ Guardian ___ Foster Parents ___

Legal Name: _____

Address: _____

City/Zip: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Address: _____

City/Zip: _____

Phone: _____

Email Address: _____

I CERTIFY THAT THE INFORMATION PROVIDED TO THE BEST OF MY KNOWLEDGE IS TRUE. All registration information is subject to review by the Student Services Department. If false or misleading information is given, tuition may be charged. It is the responsibility of the parent/guardian to immediately notify the principal upon change of address or living arrangements. Failure to comply could lead to tuition charges, school records withheld, and/or athletic eligibility voided.

SIGNATURE _____

DATE _____

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Custodial Information

IT IS OHIO STATE LAW THAT EACH STUDENT PROVIDE A CERTIFIED COPY OF ANY CHILD CUSTODY ORDER OR DECREE WHICH HAS BEEN ISSUED WITH RESPECT TO THE STUDENT. THE CUSTODIAL PARENT OF SUCH A STUDENT MUST ALSO PROVIDE THE BOARD OF EDUCATION WITH CERTIFIED COPIES OF ANY LATER COURT ORDERS WHICH MODIFY THE ORIGINAL CUSTODY ORDER OR DECREE. [Ohio Revised Code 3313.672(b)]

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS THAT APPLIES TO YOUR CHILD:

****Pertains only to this student!!!**
PARENTAL STATUS

Married Never Married
 Legally Separated Divorced
 Deceased Mother Father

RESIDENCY
STUDENT LIVES WITH (check one):

Mother Only Father Only
 Mother & Father Mother & Stepfather
 Father & Stepmother Foster Parent
 Guardian/Grandparent Host Family
 18 years old, lives apart from parent and is self supporting

NATIVE LANGUAGE (If other than English)

Is your child's first-learned or home language anything other than English? YES NO

In what country did your child most recently reside? _____

When did your child start attending school in the United States? MONTH _____ YEAR _____ Country of Origin: _____

Which language did your child learn when he/she first began to talk? _____

What language does your child most frequently speak at home? _____

What language do you most frequently speak to your child? Father _____ Mother _____

School History:
School previously attended: _____
School Address: _____
City/State/Zip: _____
Has student ever attended any school in this district yes no
Name of School District last attended: _____
Year last attended that District: ____/____/____

Family Information: names of school age brothers/sisters now living at home

First Name	Last Name	Date of Birth
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

EMERGENCY CONTACT INFORMATION
(OTHER THAN PARENT/GUARDIAN WITH WHOM CHILD RESIDES)

Name: _____ **Phone:** _____

Relationship: _____

Name: _____ **Phone:** _____

Relationship: _____

Miamisburg City School District
Maddux-Lang Primary School

4010 Crains Run Road
Miamisburg, OH 45342

Phone: (937) 847-2766
Fax: (937) 847-8349

Sarah Buzek, Special Education Supervisor
Becky Lewis, School Secretary



<p>Early Childhood Education Health Physical State Requirements</p>
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Dear Health Care Provider:

Attached is a copy of the Early Childhood Education Program's physical form. An annual physical is required for all students enrolled in the preschool program.

Please note that a **lead level** and **hematocrit** count have been added to the state requirements listed in the Early Learning Program Guidelines. A dental screening must also be completed by a pediatrician, family doctor, or dentist as part of the required annual physical. The results of all three screenings should be reported on the physician report form.

If you have any questions, please feel free to contact the Early Childhood Program nurse, Cheryl McNutt or the Early Childhood Program Supervisor, Sarah Buzek, at 847-2766.

Sincerely,

Miamisburg Early Childhood Education staff at Maddux-Lang Primary School

PHYSICIAN REPORT

Early Childhood Education

WHEN COMPLETED PLEASE FORWARD TO:

MADDUX-LANG PRIMARY SCHOOL

4010 Crains Run Road, Miamisburg, OH 45342

(937) 847-2766 * FAX (937) 847-8349

Name _____ DOB: _____ Sex: ___ M ___ F

Height: _____ Weight: _____ BP: _____ Pulse: _____ Respiration: _____

Eyes: _____ Vision: Right _____ Left _____

Ears: _____ Hearing Screening: _____

Dental (condition): _____ Throat: _____ Nose: _____

Has the child been referred to a dentist? _____

Chest: _____

Complete Immunization Record

Heart: _____

DPT: PLEASE ATTACH COMPLETE

Abdomen: _____ Hernia: _____

Polio*: IMMUNIZATION RECORD

*Indicate OPV or IPV

Genital Development: _____

MMR: _____

Orthopedic Finding: _____

Hib: _____

Neurological Findings: _____

Hepatitis B: _____

Seizures – type & frequency: _____

Chicken Pox: _____

TB Skin Test: _____

Lead Level: _____ Hematocrit: _____

Current Medications:

Allergies: _____

Significant Medical History:

Diagnosis:

Atlantoaxial Instability X-Ray (*Down Syndrome Only*): ___ Done ___ Not Done ___ Positive ___ Negative

Date: _____

I certify that no communicable disease is evident at the time of this examination.

Date of physical

Physician's Signature

Address & Telephone