

Claymont Preschool
 Ohio Department of Job and Family Services
 Ohio Department of Education
EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

School Year 2020-2021
 Application Received on

____/____/____

*This form is valid only for publicly funded child care when attached to a JFS 01122 Publicly Funded Child Care Supplemental Application

Tell us about you (the person completing the form):						
Relationship to child:						
First Name		Middle Initial		Last Name		
Address					Today's Date	
City		State	Zip Code	County		
Phone Number		Spouse's Phone Number		E-mail Address		

Tell us about the people in your home:							
Name (First, Middle Initial, Last)	Relationship to You <i>(Spouse, son, friend, etc)</i>	Race	Hispanic Or Latino Y or N	Spoken Language	Date of Birth	Gender <i>M or F</i>	U.S. Citizen Y or N
	SELF	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native /American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian / Pacific Islander					
	CHILD APPLYING FOR PRESCHOOL	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native /American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian / Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native /American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian / Pacific Islander					

Tell us about the people in your home:

Name (First, Middle Initial, Last)	Relationship to You (Spouse, son, friend, etc)	Race	Hispanic Or Latino Y or N	Spoken Language	Date of Birth	Gender M or F	U.S. Citizen Y or N
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native /American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian / Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native /American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian / Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native /American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian / Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native /American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian / Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native /American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian / Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native /American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian / Pacific Islander					

Tell us about your needs for your child(ren):

Child 1
What is the child's Home school district? _____

Name _____

(First) _____ Middle _____ Last _____

Child's Mother's Maiden Name _____ Child's City of Birth _____ Child's Social Security Number _____

<p>Provider Name and Address</p> <p>Claymont Preschool 200 Jewett Ave Dennison, OH 44621</p>	<p>Child's Needs</p> <p>Do you have concerns about your child's growth and/or development?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe:</p>	<p>Who is/are the legal guardians of this child? Please Select... <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Legal Guardian</p> <p>If divorced/separated, do custody papers exist for this child? Please Select... <input type="checkbox"/> Not Divorced <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you are required by law to provide a complete copy of those papers to the school district.)</p>
---	---	--

Child 2
What is the child's Home school district? _____

Name _____

(First) _____ Middle _____ Last _____

Child's Mother's Maiden Name _____ Child's City of Birth _____ Child's Social Security Number _____

<p>Provider Name and Address</p> <p>Claymont Preschool 200 Jewett Ave Dennison, OH 44621</p>	<p>Child's Needs</p> <p>Do you have concerns about your child's growth and/or development?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe:</p>	<p>Who is/are the legal guardians of this child? Please Select... <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Legal Guardian</p> <p>If divorced/separated, do custody papers exist for this child? Please Select... <input type="checkbox"/> Not Divorced <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you are required by law to provide a complete copy of those papers to the school district.)</p>
---	---	--

Tell us about your finances:

Will you or the people in your home receive income this month? Yes No

Income refers to all the money that you and the people in your home receive such earnings from employment, child / spousal / medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

You must supply 2 consecutive paystubs of any income coming into the household dated February 1, 2020 or after.

Do you or anyone in your household pay Child or Spousal Support? Yes No

How Much?

Signature of Parent/ Guardian completing form:

Date

***** Required paperwork:**

- Birth Certificate** **Social Security**
- Income Verification** (provided on ____/____/____)
- Custody Papers**

By not completing this Application Form in its entirety, will result in a delay of processing your application.