



Noble Local Little Zeps Preschool
20977 Zep Road E
Sarahsville, OH 43779
(740) 732-5661



Dear Parents,

Thank you for your interest in the Noble Local Little Zeps Preschool Program. Our preschool has four 2-day a week (Tuesday/Thursday or Wednesday/Friday) three/four year old classes. Students may begin preschool in these classes once they turn three years old. We also have four 4-day (Tuesdays through Fridays) a week Preschool Kindergarten Readiness classes. Preschool Kindergarten Readiness Classes are for students who are four years old by 8/1/2024 or older.

Your child will be considered for enrollment once the enrollment packet is complete (make sure to complete each page of the packet) AND the following paperwork is turned in to me:

- 1. Copy of Birth Certificate**
- 2. Copy of Proof of Residency (copy of anything mailed to you showing your name and address)**
- 3. Copy of Immunization Record**
- 4. Proof of Income (2 Recent pay stubs or W2 from each working adult in your household)**
- 5. Copy of Custody Papers (if applicable)**

Noble Local preschool students will be considered first and then out-of-district students approved for open enrollment that have older siblings already attending Noble Local will be considered second. Students living outside the district with no older siblings currently attending Noble Local will be considered after that.

New student enrollment packets and the additional paperwork are due no later than May 1, 2024 to be considered in the order mentioned above. After May 1, 2024, open enrolled students without older siblings already attending Noble Local will fill the remaining spots available.

Returning packets and paperwork:

You can return preschool paperwork by doing one of the following:

Drop it off at the Shenandoah Elementary School Office

Email the packet and paperwork to me at cathy.williams@gozeps.org

Fax the packet and paperwork to me at 740-365-4747 Attn: Cathy Williams

Mail the packet and paperwork to me at Noble Local School District

Attn: Cathy Williams

20977 Zep Rd. E

Sarahsville, OH 43779

You will be notified by letter after June 1, 2024, if your child has secured a spot in one of our preschool classrooms. Please contact me if you have any questions.

Cathy Williams
Preschool Supervisor
740-732-5661 ext. 5022
cathy.williams@gozeps.org



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**Noble Local Little Zeps Preschool Program
 Enrollment Form**

Student's Name _____
 (Please print full name as recorded on birth certificate)

Student's Address _____

Date of Birth _____ City and State of Birth _____

School District where you live _____

Home Phone Number _____ Gender (M or F) _____

Native Language _____ Mother's Maiden Name _____

Is the Student Hispanic/Latino ____ Yes ____ No

Racial/Ethnic Group (Check all that apply)
 ____ American Indian ____ Asian/Pacific ____ African American ____ Caucasian

Father/Guardian Information
 Name: _____
 Address _____

 Phone Number _____
 Email Address _____

Mother/Guardian Information
 Name: _____
 Address: _____

 Phone Number: _____
 Email: _____

Signature of Person Completing Form _____
 Relationship to Student: _____

Cathy Williams
 Preschool Director
cathy.williams@gozeps.org
 (740) 732-5661 ext. 5022



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Does your child take medication on a regular basis? Yes (Please describe) No

Has your child ever been hospitalized? Yes (Please describe) No

Does your child have food or environmental allergies, or dietary restrictions? Yes No
 (If yes please describe) _____

Does your child have adaptive or medical needs: (glasses, hearing aids, walker, leg braces, wheelchair, feeding tube, special seating, stander, catheter, shunt, etc.) Yes No
 (If yes, please describe) _____

Is there a family history of significant health concerns, major childhood illnesses/disease, or diagnosed syndromes?
 Yes (Please describe) No

Is your child's vision within normal limits? Yes No (Please describe)

Is your child's hearing within normal limits? Yes No (Please describe)

Are there any other significant health/nutrition issues (including food or fluoride supplements) not covered previously?
 Yes (Please describe) No _____

Has your child received therapy? (Speech/Language, Occupational, etc)? Yes No
 (If yes, please describe) _____

Has your child participated in Early Intervention? Yes (Please describe) No

Has your child attended (or is attending) childcare, daycare, preschool or Head Start?
 Yes (Please describe) No _____

C. Developmental Information

Age your child walked _____ talked _____ was toilet trained _____

Was there any difficulty in any of the above? Yes (Please describe) No



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Please describe how your child plays (alone, with other children, beside other children, shares, cooperative, imaginative, etc.) _____

Does your child have trouble sleeping? (night terrors, trouble getting to sleep, etc.)?

___ Yes (Please describe) ___ No _____

D. Behavior

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

How does your child adapt to new situations? _____

What things upset your child? _____

What things calm your child? _____

What makes your child happy? _____

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

How does your child react when disciplined? _____

What methods do you use to respond to your child's negative behavior? _____

E. General Information

What is your child's favorite activity? _____

What are your child's favorite toys? _____

Does your child use any special comfort or support items to help get to sleep? If so, what?

What is your child's mood upon waking? (Happy, grouchy, clingy, slow to waken) _____

What time and for how long does your child nap? _____

What are your child's favorite TV shows? _____



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Do you read to your child? Yes, how often? _____ No

What are your child's favorite stories? _____

What are your child's favorite foods? _____

What foods does your child dislike? _____

Does your child sit in a high chair booster child size chair adult size chair

Is your child toilet trained Yes (Please describe) No

Describe any toileting problems/concerns (if any) _____

How does your child indicate the need to use the bathroom? _____

What regular responsibilities does your child have at home? _____

Does your child drink? milk juice water (Check all that apply)

Do you have any pets in your home? If so, what kind and what are their names?

What might you and/or your child be anxious about as he/she starts in the program? _____

What are you and/or your child excited about as he/she starts this program? _____

What are your expectations of this program? _____

What other information would be helpful for the staff caring for your child to know? _____

Do you have any other concerns regarding your child? _____

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

Tell us about you (the applicant)			
First Name	MI	Last Name	
Address			Today's Date
City	State	County	Zip Code
Phone Number ()	Additional Phone Number ()	E-mail Address	

Tell us about the people in your home							
Name <i>(First, Middle, Last)</i>	Relationship to You <i>(spouse, son, friend, etc.)</i>	Race	Hispanic or Latino <i>Y or N</i>	Spoken Language	Date of Birth	Gender <i>M or F</i>	U.S. Citizen <i>Y or N</i>
	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					
		<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					

Child 1	Provider Name and Address	What hours/days do you need services? (i.e. child care or preschool) <i>Check all that apply</i>
Name		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		

Special Needs

Is your child in need of special needs child care based on this definition?
 "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.

Yes No

Child 2	Provider Name and Address	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		

Special Needs

Is your child in need of special needs child care based on this definition?
 "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.

Yes No

Child 3	Provider Name and Address	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		
<p>Special Needs</p> <p>Is your child in need of special needs child care based on this definition? "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</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 as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

Name	Type of Income	Amount of Income <i>(before taxes)</i>	How Often Received <i>(weekly, bi-weekly, etc)</i>	Date Last Received	Work or School Schedule <i>(please list times)</i>
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____

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

How Much?

Signature of Applicant

Date

Office of Early Learning and School Readiness
 United States Department of Health and Human Services
 2024 FEDERAL POVERTY GUIDELINES

Size of Family Unit	100% Poverty Level	125% Poverty Level	150% Poverty Level	175% Poverty Level	185% Poverty Level	200% Poverty Level
1	\$15,060	\$18,825	\$22,590	\$26,355	\$27,861	30,120
2	\$20,440	\$25,550	\$30,660	\$35,770	\$37,814	\$40,880
3	\$25,820	\$32,275	\$38,730	\$45,185	\$47,767	\$51,640
4	\$31,200	\$39,000	\$46,800	\$54,600	\$57,720	\$62,400
5	\$36,580	\$45,725	\$54,870	\$64,015	\$67,673	\$73,160
6	\$41,960	\$52,450	\$62,940	\$73,430	\$77,626	\$83,920
7	\$47,340	\$59,175	\$71,010	\$82,845	\$87,579	\$94,680
8	\$52,720	\$65,900	\$79,080	\$92,260	\$97,532	\$105,440
Family units with more 8 members	Add \$5,380 for each additional	Add \$6,725 for each additional	Add \$8,070 for each additional	Add \$9,415 for each additional	Add \$9,953 for each additional	Add \$10,760 for each additional

Early Childhood Education funds are required to be used to provide preschool services to economically disadvantaged children whose family income falls at or below 200% of the federal poverty level. Due to state reporting requirements, we are required to gather income information on families. /this information will in no way be used to determine if your child qualifies for preschool.

Name of Student _____

Please find the number of family members in your household and follow the line out to determine the dollar amount that is closest to your family's gross (before deductions) income. Circle that income amount.

OR

() I refuse to provide this information

(Parent Signature)



McKinney-Vento

Student Residency Questionnaire

The answers to this residency questionnaire help in determining eligibility of services for families in transition that may be received through the federal McKinney-Vento Assistance Act U.S.C. 11435.

Child's Name: _____

Do you rent or own your home? (Lease or Mortgage is in your name) Yes No

Do you live with another person or persons by choice in housing that is fixed (does not move), regular (always), and adequate (safe, working utilities etc.) Yes No

If you answered No to either of the ABOVE, please complete the remainder of the form.

If you answered YES to both questions you may stop here and return this form to the registrar.

If your answer was **NO** to either question above **PLEASE COMPLETE** the remainder of this form:

1. Please check the mark the appropriate answer that indicates your current living arrangement:

(A) Sheltered:

In an **emergency/transitional shelter** due to loss of housing, economic hardship, or similar reason

(B) Unsheltered:

In a **vehicle** of any kind, **campground, park, abandoned building** or **public place** not meant for sleeping

Substandard housing (no electricity, running water, health code violation, lack of bathroom or cooking capabilities, etc.)

(C) Doubled Up:

Temporarily with another family due to loss of housing, economic hardship, or similar reason

(I) Doubled Up:

In a **hotel/motel** due to loss of housing, economic hardship or similar reason

(Y) Unaccompanied youth not with an adult/legal guardian (couch surfing)

Other (please explain: _____

2. Current nighttime residence: _____

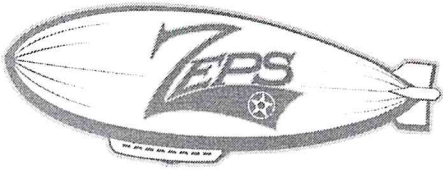
3. How long have you lived in this arrangement? _____

List ALL adult caregivers responsible for the above child(ren)	Relationship to Child(ren)	Main Phone Number	Other Contact Number

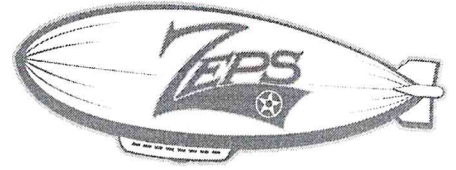
List ALL children in the family (Including children birth to 18). If more than 4 children in the home, please use reverse side of form.	Sex	Age	Grade	School where student is currently enrolled or is enrolling into:	Last school where student was enrolled:
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				

I have answered all questions to the best of my ability and certify the information presented is true and accurate.

→ _____
Parent/Guardian Signature Date



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**Preschool Transportation Form
 24-25**

Child's Name _____

Parent(s) Name: _____

Address: _____

Telephone _____

_____ My child will be transported by by car

Name of person or persons providing transportation _____

Make, model and color of vehicle _____

_____ My child needs bus transportation

AM pick up address: _____

PM drop off address: _____

*****If your plan changes, a note must be sent in to the preschool teacher who will share it with the office to notify the bus driver of the change.***

Parent Signature:

Date:
