



BEREA CITY SCHOOLS EARLY CHILDHOOD REGISTRATION 2018-19

Registration begins **February 27, 2018** for families of current preschool students, **March 1 & 2** for Berea, Brook Park, and Middleburg Heights residents, and all other communities.

YOU MUST SIGN UP FOR A REGISTRATION APPOINTMENT ONLINE

Please check the Berea City School District website,
www.berea.k12.oh.us/preschool
on Friday, February 9, 2018 at 12 p.m.

- Registration Guidelines: Children who will be 3 years old by August 1, 2018 must be enrolled in a 3-year-old program. Children who will be 4 years old by August 1, 2018 must be enrolled in a 4-year-old program. Children who will be 5 years old by August 1, 2018 may **not** enroll in a 4-day program at Grindstone, Big Creek or Brookview. These guidelines must be followed in order to fulfill grant requirements. We apologize to families that may be inconvenienced by these guidelines. **In addition, families who have outstanding preschool tuition balances will not be permitted to register for preschool until the balance is paid in full.** Scholarship assistance is available at all schools. There are two different scholarship applications. The Early Childhood Eligibility Screening Tool must be used for Grindstone, Big Creek, and Brookview. The UPK 2.0 Scholarship Income & Residency Verification Form must be use for Brook Park Memorial. Please complete the correct scholarship application.
- You are required to provide proof of legal custody/guardianship of the child you are registering. Items such as Letters of Guardianship, Certified Court Documents (Domestic Relations or Juvenile Court), Grandparent/Caregiver Power of Attorney, etc. need to be submitted. Please direct specific questions as to whether paperwork is required for your situation to Central Registration at 216-898-8300 x 6233.
- To expedite registration, please bring the completed registration and census form, **a copy of the child's birth certificate, custody documents** and a **\$50.00 non-refundable registration fee** (per child) payable to the *Berea Board of Education*. **Proof of 2017 annual income*** is required if applying for scholarship program.
- **Outstanding tuition balances must be paid in full at time of registration.**

Registration appointments are held at:
Berea Board of Education
390 Fair Street • Berea, OH 44017

Registrations on any day other than February 27, March 1, and March 2 will be by appointment only – please call 216-898-8300.

We accept **check, cash (exact amount), or money order (NO CREDIT CARDS WILL BE ACCEPTED)**

SERVING ALL RESIDENTS OF SOUTHWEST GREATER CLEVELAND AREA.

**Proof of income=W2, W4, page 1 of 1040, end of year pay stub, social security proof, Child support pay plan, etc.*

ALL locations/times/teachers listed are subject to change prior to the start of school. Spaces are limited. Registration is taken on a first come first serve basis.

2018-2019 Berea City School District Preschool Program Registration

Big Creek

ECE (Early Childhood Education Preschool) Lead Teacher: Courtney Turner

Monday-Tuesday-Wednesday 8:30-11:30*	Thursday-Friday 8:30-11:30**
Monday-Tuesday-Wednesday-Thursday 12:10-3:20*** (Scholarship Program)	Friday- no class

_____* = 4 Year Old/ 3 Day ECE Monday-Wednesday AM \$152 Resident/ \$163 Non-resident

_____** = 3 Year Old/ 2 Day ECE Thursday-Friday AM \$110 Resident/ \$121 Non-resident

_____*** = 4 Year Old/ 4 Day ECE Monday-Thursday PM \$210 Resident/ \$221 Non-resident (scholarship)

Grindstone

ECE (Early Childhood Education Preschool) Lead Teacher: Kelly Zippay

Monday-Tuesday-Wednesday 8:30-11:30*	Thursday-Friday 8:30-11:30**
Monday-Tuesday-Wednesday-Thursday 12:10-3:20*** (Scholarship Program)	Friday- no class

_____* = 4 Year Old/ 3 Day ECE Monday-Wednesday AM \$152 Resident/ \$163 Non-resident

_____** = 3 Year Old/ 2 Day ECE Thursday-Friday AM \$110 Resident/ \$121 Non-resident

_____*** = 4 Year Old/ 4 Day ECE Monday-Thursday PM \$210 Resident/ \$221 Non-resident (scholarship)

Brookview

ECE (Early Childhood Education Preschool) Lead Teacher: Stephanie Vega

Monday-Tuesday-Wednesday 8:30-11:30*	Thursday-Friday 8:30-11:30**
Monday-Tuesday-Wednesday-Thursday 12:10-3:20*** (Scholarship Program)	Friday- no class

_____* = 4 Year Old/ 3 Day ECE Monday-Wednesday AM \$152 Resident/ \$163 Non-resident

_____** = 3 Year Old/ 2 Day ECE Thursday-Friday AM \$110 Resident/ \$121 Non-resident

_____*** = 4 Year Old/ 4 Day ECE Monday-Thursday PM \$210 Resident/ \$221 Non-resident (scholarship)

Brook Park Memorial Coteach Classrooms

ECE Lead Teacher: Cheryl Harkema _____

ECE Lead Teacher: Barb Sharkus _____

Intervention Specialist: Katie Stults _____

Intervention Specialist: Adam West _____

Monday-Tuesday-Wednesday-Thursday 8:30-11:30* 3 year old class	Friday- no class
Monday-Tuesday-Wednesday-Thursday 12:30-3:30** 4 year old class	Friday- no class

_____* = 3 Year Old/ 4 Day Coteach Monday-Thursday AM \$200 Resident/ \$210 Non-resident

_____** = 4 Year Old/ 4 Day Coteach Monday-Thursday PM \$200 Resident/ \$210 Non-resident

Brook Park Memorial 8:8 Classroom

Intervention Specialist: Angela Litherland _____

Monday-Tuesday-Wednesday-Thursday 8:30-11:30* 4 year old class	Friday- no class
Monday-Tuesday-Wednesday-Thursday 12:30-3:30** 4 year old class	Friday- no class

_____* = 3 & 4 Year Old/ 4 Day Monday-Thursday **AM** \$200 Resident/ \$210 Non-resident

_____** = 3 & 4 Year Old/ 4 Day Monday-Thursday **PM** \$200 Resident/ \$210 Non-resident

Brook Park Memorial Peers for the Special Education Classes (8:4)

Intervention Specialist: Jennifer Tucker _____ Intervention Specialist: Danielle Davian (PM only) _____

Monday-Tuesday-Wednesday-Thursday 8:30-11:30*	Friday- no class
Monday-Tuesday-Wednesday-Thursday 12:30-3:30**	Friday- no class

_____* = 3&4 Year Old/ 4 Day Monday-Thursday **AM** \$200 Resident/ \$210 Non-resident

_____** = 3&4 Year Old/ 4 Day Monday-Thursday **PM** \$200 Resident/ \$210 Non-resident

***All classrooms at Brook Park Memorial serve children with and without identified disabilities.
All teachers are subject to change.***

OFFICE USE ONLY: Child's Name _____

Location: _____ Registration Date: _____

EZ Care date: _____ Registration Fee Paid: _____



PRESCHOOL REGISTRATION AND CENSUS FORM

Student Name	Last Name	First Name	Middle Name
Social Security # <small>(optional)</small>	- -	Birth Date	Month / Day / Year
Student Home Address	Number	Street	City Zip Code Up <input type="checkbox"/> Down <input type="checkbox"/> Apt. #
Parent/Guardian	Name	Phone Number	
Previous school attended	Name of School	School District	City State

Is this student Hispanic/Latino? <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino	Race <small>(choose one or more)</small> <input type="checkbox"/> White/Non-Hispanic <input type="checkbox"/> Black or African American/Non-Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship <input type="checkbox"/> Dual National <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Resident Alien <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Other please name:
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Birthplace City State Country	Native / Primary Language <input type="checkbox"/> English <input type="checkbox"/> Other please name:
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Student Lives With (check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Guardian <input type="checkbox"/> Adoptive Parents <input type="checkbox"/> Grandparents
Legal Custody (check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent Court Journal Entry: (/ /) County: _____ District Bearing Cost(for Foster Children only):	<input type="checkbox"/> Guardian <input type="checkbox"/> CCDCFS <input type="checkbox"/> Other (explain): <input type="checkbox"/> Probate Court <input type="checkbox"/> Juvenile Court Restrictions: _____

Doctor and Dentist Contact Information	
Name of Doctor:	Address & Phone:
Name of Dentist:	Address & Phone:

Does your child have any unusual health conditions that we should be aware of? If so, please describe:

Is it necessary for your child to take medication during class hours? Yes No (If yes, you must fill out and have a MEDICATION ASSISTANCE REQUEST signed by your physician)

Does child have an IEP: Yes No

PARENT(S) / GUARDIAN INFORMATION

STUDENT NAME:

Mother		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Remarried	<input type="checkbox"/> Deceased
<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential		Dual Mailing: <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Name		First Name	
Number		Street		City		Zip Code	
Address							
Workplace				Email			
Home Phone			Work Phone			Cellular Phone	
Father		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Remarried	<input type="checkbox"/> Deceased
<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential		Dual Mailing: <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Name		First Name	
Number		Street		City		Zip Code	
Address							
Workplace				Email			
Home Phone			Work Phone			Cellular Phone	
<input type="checkbox"/> Legal Guardian		<input type="checkbox"/> Step Parent		<input type="checkbox"/> Foster Parent		<input type="checkbox"/> Other:	
Last Name				First Name			
Number		Street		City		Zip Code	
Address							
Workplace				Email			
Home Phone			Work Phone			Cellular Phone	
Social Worker (If Applicable):							

In the event that your child becomes ill/injured and the school cannot contact either parent/guardian, give names of two friends/relatives living in the community who may be contacted and your child may be released to:

Name	Relationship	Name	Relationship
Telephone		Telephone	
Address		Address	
Email		Email	

I hereby certify, under penalty of perjury, that all of the information that I have given is correct in all respects to the best of my knowledge.

Date: _____ **Parent/Legal Guardian/Independent Student :** _____

Signature