

Parma City School District

First Step Preschool
7700 Malibu Drive
Parma, Ohio 44130



Lara A. Svihlik, M.Ed., MA

First Step Preschool Principal
440-885-8665
svihlikl@parmacityschools.org

We are excited that you are interested in your child’s participation in Parma City School District’s First Step Preschool program. In order to provide role models in all areas of development for our students, we include preschool aged Peer Models (children without disabilities) into the classroom. Please complete this application to tell us about your child.

Upon receipt of this completed application, we will contact you with a screening date (fall or spring) and detailed instructions for coming into the screening. At the screening date, your child will meet the First Step staff and participate in a mock “preschool day.” Your child will separate from you. This is a time for parents to ask questions and meet with the Preschool Principal.

Requirements for students to attend First Step Preschool at a Peer Model:

1. Must be a resident of Parma, Parma Heights or Seven Hills
2. Must be at least 3 years of age prior to May 31, 2023 and less than 6 years of age of age by May 31, 2023
3. Strong communication and social skills are preferred
4. Must be completely toilet-trained
5. Must pay tuition (\$600.00 for the entire year, can be paid in quarterly installments and subject to change; \$20.00 for School Fees)
6. Must have own transportation

PLEASE RETURN THE COMPLETED APPLICATION TO
 First Step Preschool
 7700 Malibu Drive
 Parma, Ohio 44130

Child’s Name: _____ Sex Assigned at Birth: Male Female
 Parents’ Names: _____ Date of Birth: _____ Age: _____
 Address: _____ Phone Number: _____
 Email Address: _____

FAMILY HISTORY:

1. Who lives at home with the child?

Name	Relationship to Child	Age

2. Are there any siblings or parents that live outside of the home?

No Yes, please indicate name, relationship and ages of these individuals

3. Does your child Stay with a parent (mother or father) during the day
 Attend a Day Care during the day? Where? _____
Frequency? _____
 Stay with a babysitter/other family member during the day?

4. Describe, if applicable, your child's relationship with his/her siblings. _____

5. Primary language spoken at home: _____

DEVELOPMENTAL / MEDICAL HISTORY:

1. Has your child ever received any Early Intervention Services (i.e., Help Me Grow, Speech Therapy, etc.)?

- No Yes. Please describe the reasons for Early Intervention and the services provided.

2. Has your child received services from First Step and/or outside therapy currently or in the past?

- No Yes. Please describe the services and/or therapy and where received.

EARLY CHILDHOOD EXPERIENCES:

1. Has your child attended preschool? No, this would be my child's first preschool experience.
 Yes. Preschool Name: _____
Dates attended: _____

2. Please list activities your child has participated in outside of the home (i.e., preschool sports, story time, play groups, library activities, nature center, camps, etc.)

Please share why you feel that First Step Preschool program would be a good fit for your child.

Please indicate your preference, should your child be selected to participate:

- AM Preschool because _____
 PM Preschool because _____

(NOTE: WE DO NOT GUARANTEE THAT WE WILL BE ABLE TO HONOR YOUR PREFERENCE, BUT WE WILL TRY OUR BEST.)

Parent Signature _____ Date _____

To be completed by office staff
PCSD Home School: _____

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PERMISSION FOR REVIEW

I, _____, hereby give my permission for the
Parent/Legal Guardian/Surrogate

Parma City School District to respond to a request assistance for:

Student Name: _____

Date of Birth: _____

School: **FIRST STEP PRESCHOOL**

Student ID # _____

In giving my permission, I understand that any or all of the following my occur:

1. Review of relevant records (releases of information will be included) ;
2. Interview with caregiver or myself;
3. Observation(s) of my child;
4. Assessment (e.g. curriculum-based, screening, and other appropriate measures to determine interventions); and/or
5. Other (please specify): _____

I further understand and agree that the information collected by the school district will then be reviewed and the team will develop an intervention plan and designate the resources needed to implement these interventions.

Name of Parent/Legal Guardian/Surrogate

Signature

Date

PAYMENT CONTRACT FOR THE PEER MODEL PROGRAM OF FIRST STEP PRESCHOOL

I, _____, parent/guardian of _____
Parent/Legal Guardian Name Child's Name

will adhere to the following terms concerning tuition payment:

1. Payment:
 - 4 payments of \$150* each. Payment schedule will be supplied. Payments must be kept current, or your child will be withdrawn.
 - **TOTAL AMOUNT FOR THE YEAR = \$600***
 - Please place payment in your child's backpack, in an envelope marked "OFFICE" with your child's name and teacher's name written on it.
 - Only cash, check or money orders accepted.

MAKE CHECKS PAYABLE TO: PARMA CITY SCHOOL DISTRICT
2. **My child will be automatically withdrawn from the program if payment is not made on time. The teacher will be notified not to accept the student into class if payment has not been received.**
3. If my payment is returned for insufficient funds, I will be notified and expected to make payment in the form of cash or money order.
4. I will accept the responsibility of paying a **supply fee of \$45* in addition to tuition**. The supply fee will be used to purchase items such as paint, paper, sand, play dough and other consumable items.
The supply fee and the first \$150 payment must be paid within the first week of attendance.

Parent/Legal Guardian Signature

Date

*** FEES AND TUITION COSTS ARE ALWAYS SUBJECT TO CHANGE AS DETERMINED BY THE BOARD OF EDUCATION.**