

PRESCHOOL APPLICATION

Walter Shade Early Childhood Center



Student Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

*A **CURRENT** UTILITY BILL (WATER, GAS OR ELECTRIC ONLY) OR LEASE AGREEMENT
IS **REQUIRED** AT TIME APPLICATION IS SUBMITTED FOR PROOF OF RESIDENCY.

Date of Birth: _____

Gender (circle one): Male Female

Parent/Guardian Name(s): _____

Best Number for Contact: _____

Alternate Phone(s): _____

Email address: _____

Persons in Family/Household: _____

Gross Annual Income Family/Household: _____

*CURRENT PROOF OF INCOME IS **REQUIRED** AT THE TIME APPLICATION IS SUBMITTED
INCLUDE ANY INCOME, GOVT. ASSISTANCE, CHILD SUPPORT, PAYCHECK STUBS

Does your student currently receive outside services? YES NO

If yes, please list services received: _____

EXAMPLES: SPEECH THERAPY, IEP, OCCUPATIONAL THERAPY, PHYSICAL THERAPY

Are you able to provide transportation to and from preschool? YES NO

Preferred time: AM ____ PM ____ No Preference ____

*This form must be returned to Linda Heil at the Walter Shade ECC located at 510 East Pease Avenue, **along with proof of income and proof of residency**. They may also be emailed to lheil@wcsd.k12.oh.us. The deadline to submit applications is March 1. Families will be notified of acceptance into the ECC preschool program by April 15.*

Date Received _____ **Time** _____ **Received by** _____