Office Use Received	
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Preschool Application – West Carrollton Early Childhood Center (Final Forms must be completed prior to handing in application)

This form AND all requested paperwork below* must be returned to Beth Millard (Administrative Assistant) at West Carrollton ECC, located at 510 E. Pease Ave. The deadline to submit applications is February 29, 2024. On time applicants will be notified of acceptance into the ECC preschool program by May 15th, 2024.

Stude	ent Name:			
Addre	ess:			
City:		State: Zip	:	
Birth	date of student:	Sex: Male	Female	
Pare	ent/Guardian Name(s):			
Best	phone to reach you:	Alternate phone:		
Ema	il address (write clearl <u>y):</u>	·		
etc.? Selec	Yes No If yes, please list service transference for class time (presch	outside services, such as Speech Therapy, ces the child receives: nool is ½ day) No Preference AM	PM	
	e: We cannot promise your seled select.)	ction will be honored but we will do ou	r best to accommodate	
Total	# of people living In your househo annual household income before t ase submit the following docume	taxes are taken out:		
	Final Forms Completed			
	Original Birth Certificate Proof of residency (includes gas, electric, water bill, or a current signed lease signed and dated) Parent or Guardian I.D.			
	Proof of Income (most recent p	ay stubs from last 30 days)		
	Custody Documentation			
	nission to share information for see check the box that applies:	Tuition Assistance		
□ if my	Yes, I agree to have my Meal A child(ren) qualifies for tuition and t	Application and/or Direct Certification Info	rmation used to determine	
□ deter	No, I do not agree to have my I rmine if my child(ren) qualifies for t	Meal Application and/or Direct Certificatio tuition and fee waivers.	n Information used to	
	ent Signature	 Date		