



**Ohio Valley ESC**  
Bright Beginnings Preschool

NEW student

## Enrollment Application

### 2026-2027 School Year



**We are excited to learn with you!**

**This packet must be completed and all documentation submitted as soon as possible for your child to be considered for a classroom spot.**

**Questions?**

*email: [joy.edgell@ovesc.org](mailto:joy.edgell@ovesc.org)*

Thank you for letting us serve your family!

**★ Application will require extra postage - please use 3 stamps when mailing.**

## **Information:**

Thank you for your interest in the Ohio Valley Educational Service Center's Bright Beginnings Preschool for students ages 3 through 5 years old. Children are placed in classes **once ALL required paperwork and documents are submitted.** We place returning students first within the school district of residence, then we place by age of the child (older children are placed first), and last we place by the date of the returned, completed application. We look forward to working with your family!

## **COST:**

Bright Beginnings Preschool offers payment options based upon income and the number of days your child attends class per week/month. **The tuition is a flat rate and refunds are NOT given for absences, holidays and/or calamity days.** The maximum tuition rate possible is \$150.00 for full time enrollment per month. Tuition assistance may be available upon completion of the enrollment application and submission of required proof of income documents. Tuition is due prior to starting preschool and is due on the first day of each month. May's tuition is due April 15. Tuition may be paid at either OVESC office (Cambridge or Marietta), through USPS mail, or online at [www.ovesc.org](http://www.ovesc.org)

## **REQUIRED DOCUMENTS FOR ADMISSION for ALL NEW STUDENTS:**

- Enrollment Application (with ALL SECTIONS completed, including the child care assistance pages)
- Child Care Assistance application filled in and (SNAP, MEDICAID, tax return-if self-employed)
- Proof of Income (4 pay stubs from most current employer for each working person in the home)
- Birth certificate (the actual copy, we can not accept the crib sheet from the hospital)
- Custody Papers (if applicable)
- Proof of Residency (a copy of a utility bill)
- Immunization Records

*\*We also require a Valid EMAIL ADDRESS*

→ *Please make sure to sign every signature line with an arrow beside it*

**\*\*ALL REQUIRED INFORMATION IS MANDATORY to secure your child's spot in a preschool classroom.**

**Once our Marietta office receives your completed packet, we will notify you if there is an opening for your child.**

## **Medical and Dental Forms(to be completed by a medical professional):**

- Students have 30 days from classroom start date to submit both documents
- New forms must be submitted yearly (within 13 months of last visit due to insurance reasons)

MAIL TO:

**OVESC BRIGHT BEGINNINGS PRESCHOOL  
Broughtons Complex 3 - Building 16B  
2333-B St. Rt 821  
Marietta, Ohio 45750**

2026-2027 Bright Beginnings Preschool Tuition Rates

Please read & initial below

All Washington County Districts: \$150.00/month

Belpre

Fort Frye

Frontier

Marietta

Warren

Wolf Creek

Crooksville: \$150.00/month

Rolling Hills: \$150.00/month

Switzerland: Free to families who reside within Switzerland of Ohio School District, otherwise \$150.00/month.

**\*\*Bright Beginnings Preschool offers tuition reduction options based upon income. Tuition assistance may be available upon completion of the enrollment application and submission of required proof of income documents. \*\***

Parent Initials: \_\_\_\_\_



## Enrollment Application 2026-2027

My child is a **RETURNING STUDENT** or **NEW STUDENT** (please circle one)

**CHILD'S NAME:** (Please PRINT entire application)

<b>First:</b>	<b>Middle:</b>	<b>Last:</b>
---------------	----------------	--------------

**Child's Information:**

Date of Birth:	Gender (please circle):    Male    Female
Foster Child: <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Language Spoken at Home:
Birthplace City:	County of residence:
Mother's Maiden Name:	
Does your child have an IEP? <b>YES</b> or <b>NO</b>	Did your child attend Bright Beginnings Preschool previous school year? : <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IN PROCESS OF IEP? YES</b> or <b>NO</b>	

**Racial Group/Local Ethnic Category:** (check all that apply)

- Asian     Black/African American     Hispanic  
 American Indian/Alaska Native     Multi-Racial  
 White     Native Hawaiian or Other Pacific Islander

Hispanic/Latino:     Yes     No                      **Is the parent an OVESC employee?**     Yes     No

Who Child Lives with/Residential Parent is: (circle all that apply):    Mother    Father    Other

Father's Name:	Mother's Name:
Father's Address:	Mother's Address:
City, State and zip	City, State, and zip
Father's Home #:	Mother's Home #:
Father's Cell #:	Mother's Cell #:
Father's Work #:	Mother's Work #:
Father's Email ( <b>must have</b> ):	Mother's Email ( <b>must have</b> ):
<b>School District of Residence:</b>	<b>School District of Residence:</b>

**Preferred Location – Please mark - 1<sup>st</sup> choice, 2<sup>nd</sup> choice, 3<sup>rd</sup> choice (Listed by District/School):**

- |   |  |
|---|--|
| <input type="checkbox"/> Belpre- Belpre<br><input type="checkbox"/> Fort Frye - Lowell<br><input type="checkbox"/> Fort Frye - Beverly-Center<br><input type="checkbox"/> Frontier - Newport<br><input type="checkbox"/> Marietta - Phillips (includes former Ewing)<br><input type="checkbox"/> Marietta -Washington (includes former Ewing)<br><input type="checkbox"/> Crooksville<br><input type="checkbox"/> Rolling Hills - Brook Admin and Early Learning Center | <input type="checkbox"/> Switzerland of Ohio - Beallsville<br><input type="checkbox"/> Switzerland of Ohio - Powhatan<br><input type="checkbox"/> Switzerland of Ohio - River<br><input type="checkbox"/> Switzerland of Ohio - Skyvue<br><input type="checkbox"/> Switzerland of Ohio - Woodsfield<br><input type="checkbox"/> Switzerland of Ohio - Monroe DD<br><input type="checkbox"/> Warren - Warren<br><input type="checkbox"/> Wolf Creek - Waterford |
|---|--|

<b>Office Use Only</b>	<b>Start Date:</b>	<b>SSID #:</b>
<b>Dis. Condition:</b>	<b>Services:</b>	<b>Preschool:</b>
<b>Teacher:</b>	<b>Poverty Level:</b>	<b>Typical</b>
<b>IEP / Itinerant:</b>	<b>By:</b>	<b>Entered EMIS ✓:</b>



### ENROLLMENT PACKET

<b>Emergency Contacts: Please list 3 people to be contacted in the event of an emergency IF the parent cannot be contacted.</b>											
Contact #1:			Contact #2:			Contact #3:					
Street Address			Street Address			Street Address					
City	State		Zip	City	State		Zip	City	State		Zip
Relationship to Child:			Relationship to Child:			Relationship to Child:					
Phone #			Phone #			Phone #					
Cell #			Cell #			Cell #					
Work #			Work #			Work #					

Child's Name: First			Middle			Last		
<b>Authorization to Release Child:</b> My child may be released to his/her parent/guardian AND the following people only (without prior written authorization).								
Name			Relationship to Child			Phone #		
<b>My child may NOT be released to the following individuals:</b> Please attach a copy of divorce decree and/or restraining order if applicable.								
Name			Relationship to Child			Please note any special circumstances of which the staff should be aware:		

Please indicate if the family is involved with any of the following community services:	
Speech Therapy: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	Head Start/Early Head Start: <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational Therapy: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	Help Me Grow/Early Intervention: <input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Therapy: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	Job & Family Services: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, caseworker?
Hearing Services: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	Child/Protective Services: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, caseworker?
Vision Services: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	Preschool/Day Care: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?
Mental Health/Individual/Family Counseling Services: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	
<b>MUST HAVE A PHYSICIAN/DENTIST LISTED:</b>	
Physician's Name:	Dentist's Name:
Street Address	Street Address
City, State, Zip Code	City, State, Zip Code
Phone #	Phone #
Fax #	Fax #

**PARENT INITIALS** \_\_\_\_\_

### ENROLLMENT PACKET

Things I would like my child's preschool teacher to know:
My child is: <input type="checkbox"/> very active <input type="checkbox"/> normally active <input type="checkbox"/> not very active
My child prefers playing: <input type="checkbox"/> alone <input type="checkbox"/> with other children
My child has become violent or acted out in the following manner towards other children or adults. (please check all that apply) <input type="checkbox"/> Hitting <input type="checkbox"/> Kicking <input type="checkbox"/> Biting <input type="checkbox"/> Fighting <input type="checkbox"/> Scratching <input type="checkbox"/> My child has never become violent or acted out toward others.
If my child becomes upset, they calm themselves by: _____
I have concerns about how my child gets along with other children. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
My child's favorite color is: _____ My child's favorite book is: _____ My child's favorite food is: _____ My child's favorite toy is: _____ My child likes to: <input type="checkbox"/> Listen to stories <input type="checkbox"/> Play inside <input type="checkbox"/> Play outside <input type="checkbox"/> Draw/Color <input type="checkbox"/> Play quiet games <input type="checkbox"/> Play pretend/make believe <input type="checkbox"/> Other _____
I would like for my child to be able to:
Please add any comments or concerns that you have about your child's health, development, behavior, family or home life that you would like the school to be aware of.

<b>Authorization for School District Transportation:</b> Please initial on the appropriate line below.
<input type="checkbox"/> Yes, I grant permission for my child to be transported to/from school and/or field trips by the school district bus/van, if appropriate.
<input type="checkbox"/> Yes, I grant permission for my child to participate in walking field trips that are close to my child's school.
<input type="checkbox"/> No, I DO NOT grant permission for my child to be transported to/from school and/or field trips by the school district bus/van, if appropriate.
<input type="checkbox"/> No, I DO NOT grant permission for my child to participate in walking field trips that are close to my child's school.

<b>Authorization for Annual Class Roster:</b> Each year we prepare a roster for each group of children in our program. This roster will not be shared with any person other than the parents of children enrolled in our program. I authorize the following information to be listed on the Class Roster (please check):
My Child's Name: <input type="checkbox"/> Yes <input type="checkbox"/> No      Parent/Guardian Home Phone Number <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Name: <input type="checkbox"/> Yes <input type="checkbox"/> No      Parent/Guardian Cell Phone Number <input type="checkbox"/> Yes <input type="checkbox"/> No

**PARENT INITIALS** \_\_\_\_\_

## ENROLLMENT PACKET

**Authorization for Picture Publication:** Please initial on the appropriate line below.

Yes, I grant permission for my child to have his/her picture taken for possible publication (newspaper, brochure, website, or other social media etc.) Furthermore, I grant permission for my child to be videotaped and understand that it may be used for professional development and/or advertising purposes.

No, I DO NOT grant permission for my child to have his/her picture taken for possible publication (newspaper, brochure, website, etc.) Furthermore, I DO NOT grant permission for my child to be videotaped and understand that it may be used for professional development and/or advertising purposes.

As the parent/guardian of \_\_\_\_\_, I authorize the information as listed above (*Authorization to Release Child, Authorization for School District Transportation, Authorization for Annual Class Roster, and Authorization for Picture Publication*).

→ \_\_\_\_\_  
Parent/Guardian Printed Name

→ \_\_\_\_\_  
Parent/Guardian Signature Date

**Authorization for Participation and Release of Information:**

My child has permission to participate in any health/developmental/academic screenings and assessments (which may include, but are not limited to physical, dental, vision, hearing, speech, mental health, lead, iron, height, weight, developmental, etc.) that are conducted through the Ohio Valley Educational Service Center, Bright Beginnings Preschool and other community agencies.

The Ohio Valley Educational Service Center has my permission to conduct assessments as required by the Ohio Department of Education (which may include, but are not limited to the Early Learning Assessment, Child Outcomes Summary Process, etc.) I understand that my child's teacher/specialist will provide feedback regarding the assessment to myself and other staff members working with my child. Additionally, I grant permission for the preschool administration to report the results of these assessments electronically, as required by law, to the Ohio Department of Education.

I understand that there may be some screenings/assessments that are not able to be conducted at my child's preschool setting and that I may need to obtain these screenings/assessments through my child's physician, dentist, local health department or other community agencies. I also understand that it may be necessary to obtain follow-up care for my child based on the results of the health/developmental assessments performed and that it will be my responsibility to do so.

***The Ohio Valley Educational Service Center has my permission to share my child's information with all agencies that fall under the Department of Children and Youth as required by law, specifically the county office of Jobs and Family Services. This information may include any part of your child's enrollment application and/or proof of income.***

As the parent/guardian of \_\_\_\_\_, by signing, I am verifying that I have read, understand and agree with the above information.

→ \_\_\_\_\_  
Parent/Guardian Printed Name Parent/Guardian Signature Date

**PARENT INITIALS** \_\_\_\_\_

Child's Name: \_\_\_\_\_ Form updated: 12.20.2025

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**2025 FEDERAL POVERTY GUIDELINES**  
 OHIO VALLEY EDUCATIONAL SERVICE CENTER  
 2333-B State Route 821, Complex 3, Bldg 16B, Marietta, OH 45750 / 740-373-6669

## OFFICE USE ONLY

Size of Family Unit	2025 Federal Poverty Level (100%) Annually	110% Poverty Level	125% Poverty Level	185% Poverty Level	200% Poverty Level	Full Tuition
1	\$15,650	\$17,215	\$19,562	\$27,861	\$31,300	
2	\$21,150	\$23,265	\$26,437	\$37,814	\$42,300	
3	\$26,650	\$29,315	\$33,312	\$47,767	\$53,300	
4	\$32,150	\$35,365	\$40,187	\$57,720	\$64,300	
5	\$37,650	\$41,415	\$47,062	\$67,673	\$75,300	
6	\$43,150	\$47,465	\$53,937	\$77,626	\$86,300	
7	\$48,650	\$53,515	\$60,812	\$87,579	\$97,300	
8	\$54,150	\$59,565	\$67,687	\$97,532	\$108,300	

**Parents:** Due to state reporting requirements, we are required to gather income information for your family. This information in no way will be used to determine if your child qualifies for services and/or what services your child will receive. Simply find the number of family members that are in your household, and determine the dollar amount that is closest to your family's gross income. Please circle the dollar amount in that particular row that most closely reflects the gross income for your family.

If you have any questions, please contact the OVESC office at 740-373-6669.

**MUST submit for Placement: Please Provide ONE of the following types of proof of income. Thank you.**

- \* 4 most recent pay stubs for each working person in the home **OR**
- \* A statement from Ohio Department of Job & Family Services caseworker stating your poverty level **OR**
- \* A copy of your most recent tax return showing gross income (if self employed) **OR**
- \*SNAP or Medical card approval letter

\_\_\_\_\_ Parent/Guardian Signature

\*complete highlighted sections

Ohio Department of Job and Family Services  
**Publicly Funded Child Care Release of Information**

Caretaker Name		Phone Number	
Street Address		City	State Zip
Caretaker Email (must be email you used in the SSP, if you have an SSP account)		Last four digits of Caretaker SSN	
<b>REASON FOR THE CONSENT TO RELEASE INFORMATION</b>			
<p>This consent gives permission for the county department of job and family services (CDJFS)/Ohio Department of Job and Family Services (ODJFS) to release publicly funded child care application information to the identified child care provider.</p> <p>You are not required to complete this form to be eligible for publicly funded child care.</p> <p>A child care provider cannot require you to complete this form as part of their enrollment process and/or to receive child care.</p>			
<b>CONSENT TO RELEASE INFORMATION</b>			
<u>Reason for Consent</u>			
<p>I understand that by signing this that the provider(s) has access to my information until the access is revoked by me or my authorized representative even if I'm no longer attending that program.</p> <ul style="list-style-type: none"> <li>• Primary caretaker first and last name, address and phone number</li> <li>• First and last name and date of birth of children needing care.</li> <li>• Application information: <ul style="list-style-type: none"> <li>○ Application status, including denied without PAD (payment after denial) and pending application.</li> <li>○ Verification documents needed.</li> <li>○ Eligibility begin and end date.</li> <li>○ Authorization information</li> </ul> </li> </ul>			
This information may be released to:			
Provider 1 name	OVESC	Provider 2 name	
Program license number		Program license number	
Provider address	Broughton Complex 3 Building 1 Le B 2333 B St R+821	Provider address	Marietta, OH 4550
<ul style="list-style-type: none"> <li>• This document can be submitted using one of the following methods: <ol style="list-style-type: none"> <li>1. Uploaded into the Self-Service Portal (SSP) by accessing your benefit <a href="https://ssp.benefits.ohio.gov/">https://ssp.benefits.ohio.gov/</a></li> <li>2. Submitted to the caretakers' county agency.</li> </ol> </li> <li>• This consent will remain in effect for eighteen months from the date of application for pending and denied child care applications or may be revoked by the Caretaker or Caretaker's Authorized Representative at any time by providing notice in writing, which must include your name and case number using one of the following: <ul style="list-style-type: none"> <li>• Uploaded into the Self-Service Portal (SSP) by accessing your benefit <a href="https://ssp.benefits.ohio.gov/">https://ssp.benefits.ohio.gov/</a></li> <li>• Submitted to the caretakers' county agency.</li> </ul> </li> <li>• By signing this form, I am responsible for terminating the listed provider(s) access to the information listed on this form.</li> <li>• Be aware that the information used or disclosed pursuant to this authorization may be disclosed by the recipient of the information and may no longer be protected from disclosure.</li> <li>• Treatment, payment, enrollment, or eligibility for public assistance cannot be conditioned on signing this authorization unless the authorization is necessary for determining eligibility for the public assistance program.</li> <li>• Pursuant to federal and state law, and applicable policies the ODJFS may access and disclose information contained in systems controlled or maintained by the ODJFS or controlled and maintained for the benefit of the ODJFS.</li> </ul>			
Signature of Caretaker or Caretaker's Authorized Representative listed in Ohio Benefits			Date

### Early Childhood Education Grant Zero Income and McKinney-Vento Statement

Families with no income must provide a written explanation of how they are meeting basic living expenses, including food, housing/shelter, utilities and transportation.

The McKinney-Vento Act provides resources for children of families that are experiencing homelessness. Preschool students experiencing homelessness are eligible for immediate enrollment in programs with Title 1 funding. Homelessness is defined as:

*Individuals who lack a fixed, regular, or adequate nighttime residence and includes:*

1. *Children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;*
2. *Children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation;*
3. *Children who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and*
4. *Migratory children who qualify as homeless because they are living in circumstances described in 1-3 above.*

I, \_\_\_\_\_, verify that neither I nor any member of my family earns/receives any income.

I, \_\_\_\_\_, verify that my family meets the definition of homelessness.

Briefly describe how your family is meeting food, housing, utilities and transportation needs:

I certify that the information above is complete and accurate to the best of my knowledge. I understand that if I knowingly give false information or misrepresentation of my income, it may result in disqualification.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Printed Name: Joy Edgell

Witness Signature: JK Edgell Date: 8/1/26

# INCOME/and ASSISTANCE FORM

**MUST be filled in for your child's application to be COMPLETE:**

**Please check if you receive:**

- SNAP
- Medical Card
- Cash Assistance

If you marked yes - please submit a copy of your APPROVAL letter with this application

EVERYONE MUST provide **ONE** of the following with this application for the application to be processed.

- SNAP, medical card or cash assistance approval letter
- A copy of your most recent tax form, showing gross income (tax return only if self-employed)
- 4 most recent pay stubs for each person working in the home

***\*You may be contacted later to provide additional income statements\****

The following CHILD CARE ASSISTANCE form **must be completed** by every family. You only need to complete the circled/HIGHLIGHTED sections and ensure your signature is at the end of the form.

This information is kept confidential.