

ELC KINDERGARTEN ONLY

ENROLLMENT APPLICATION

Note this application must be returned to the office at 53 Park Ave W Mansfield, Ohio 44903 by May 23rd. Kindergarten screening will take place May 27th & 28th.

Student's Name: _____
Last First Middle

Age: _____ Male _____ Female _____

S.S. # _____ Birth date: _____

Parent/Guardian's Name: _____

Address: _____
Street City/State Zip

Phone: Home/Cell: _____ Work: _____

Parent email: _____

Present school district of residence: _____

PLEASE RETURN THIS PAGE TO OUR OFFICE AS SOON AS POSSIBLE. THIS ALLOWS US TO CONTACT YOU AS NEEDED AND TO KNOW WHAT TO EXPECT FOR THE FALL.

For office use only

Received by: _____ Date/Time received: _____

Director Approved: _____ Rejected: _____ Signed: _____

Pastor Approved: _____ Rejected: _____ Signed: _____

Reason for rejection: _____

Please bring the following documents to your screening appointment:

- Student Birth Certificate
- Parent/Guardian Driver's License
- Custody Papers (if applicable) MUST be date stamped and signed by the court
- Immunization Records

Required immunizations for school attendance are:

- Four doses of DPT (5 doses if 4 were given by 4th birthday)
- Three or more doses of polio with the final dose after 4th birthday
- Three doses of Hepatitis B
- Two MMRs
- Two Varivax (Chicken Pox) or history of having the disease

