

PRESCHOOL ENROLLMENT REQUIREMENTS

(This page is for District Personnel to complete)

Please return completed paperwork to Charlotte Schnippel, Wapakoneta City Schools, 1102 Gardenia Drive, Wapakoneta, OH 45895 or schnch@wapak.org. Any questions, please call 419.739.2905.

Student Name _____ Grade _____ *PS*

Student ID _____ Building _____

Start Date _____ IEP or 504 _____

Teacher _____ AM / PM

R-card printed _____ Docs Uploaded _____

_____ Registration Form

_____ Proof of Residency (ex: current electric/gas bill showing name, address & date)

_____ Copy of Divorce/Custody Documents (if applicable)

☐ Single/Never Married/No Custody

☐ Married

☐ Never Married/Custody

☐ Divorced/Custody

☐ Separated/Custody

☐ Separated/No Custody

☐ Other _____

_____ Copy of Birth Certificate

Date of Birth _____

_____ Copy of Immunization records

_____ Parental Tuition Agreement

_____ Early Childhood Education Grant Form

Developmental Concerns: _____ Bldg. Pref./Time _____

Parent Name & Phone: _____

Parent Email: _____

Other Children in District in Household: _____

F/F Completed _____



1102 Gardenia Dr | Wapakoneta OH 45895
419-739-2900
www.wapak.org

Registration Form

			☐ Male ☐ Female
Student Last Name	First Name	Middle Name	
Address		City/State/Zip Code	Emergency Phone
			(w) ()
			(c) ()
Father / Stepfather / Grandfather / Guardian (Please circle one)		Employer	
			(w) ()
Father's Email			
			(C) ()
Mother / Stepmother / Grandmother / Guardian (Please circle one)		Employer	
Mother's Email			

Child's Birthdate	Place of Birth (city & state)	Grade	School Year
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Check the language that is spoken in your home:
☐ English ☐ Spanish ☐ Japanese ☐ Other (specify) _____

Mother's Maiden Name _____

Student Citizen Status: (Please indicate below the resident status for the student)
☐ U.S. Citizen (1)
☐ Exchange Student: The student has been admitted to the United States under a Department of State Exchange Program. The student will have a J entry code and an IAP 66 document.
☐ Other Non-U.S. Citizen

Parents' Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Single
☐ Widowed ☐ Unmarried, living together

Custody/Residential Information:
____ Student lives with both natural/adoptive parents. Parents are **NOT** divorced or separated.
____ Student lives with divorced or widowed natural/adoptive parent
____ Student lives with natural parent – never married to other natural parent
____ Student lives with court appointed guardian/foster parent
____ Other, please explain _____

☐ Please check here if this is your first child to enroll in the Wapakoneta City School system.

Student Name: _____ **DOB:** _____

Race/Ethnic Category:

- ☐ White, Non-Hispanic (W)
- ☐ Black, Non-Hispanic (B)
- ☐ Hispanic / Latino (H)
- ☐ Asian (A)
- ☐ American Indian / Alaskan Native (I)
- ☐ Multiracial (M)
- ☐ Native Hawaiian / Other Pacific Islander (P)

1. Is the student of Hispanic/Latino heritage? ____ Yes ____ No

(Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

2. Is the student from *one or more races* using the following five racial groups: (PLEASE SELECT ALL THAT APPLY – YOU MUST SELECT AT LEAST ONE – NO MATTER WHAT THE ANSWER TO QUESTION #1)

____ (W) White, Non-Hispanic (People who have origins in any of the original peoples of Europe, North Africa, or the Middle East)

____ (B) Black or African American (Persons having origins in any of the black racial groups in Africa)

____ (A) Asian (Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent; This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, and the Philippine Islands, Thailand, and Vietnam)

____ (I) American Indian or Alaska Native (Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment)

____ (P) Native Hawaiian or Other Pacific Islander (Persons having origins in any of the original peoples of Hawaii, or other Pacific Islands)

My signature below certifies that the information I have stated above is true to the best of my knowledge as the custodial parent/guardian of the named student.

Custodial Parent/Guardian Signature

Date

WAPAKONETA CITY SCHOOLS PRESCHOOL – TYPICAL PROGRAM Parent Tuition Agreement

Preschool tuition is calculated on an annual basis by the Office of the Treasurer. Payment will be made in nine equal monthly installment payments to Wapakoneta City Schools. For this payment, your child will receive services for approximately 12 hours per week and a snack (lunch is not provided). The hours and/or days may be changed due to epidemic or pandemic. Services in this agreement include, but may not be limited to the following:

- Certified teacher
- Teacher assistant
- Field trips
- Research based curriculum
- Arts/crafts
- Transportation – *midday only, subject to change at District's discretion*

In the event of an epidemic or pandemic, tuition will be re-evaluated. A credit may be issued based on the level of educational services being provided during this time. If a credit is issued, it will be calculated based on a daily tuition rate.

Registration will include submission of all forms and payment of a registration fee of \$25.00. Monthly tuition payments are due by the 1st of each month. **Non-payment for 2 months (without prior notification) will result in your child being withdrawn from the program.** Tuition must be paid in full even if the child misses school due to illness, weather calamity or family vacation. Cash, money order or check payable to “Wapakoneta City Schools” must be sent or delivered to:

Wapakoneta City Schools
Attention: Charlotte Schnippel
1102 Gardenia Drive
Wapakoneta OH 45895

Tuition may also be taken to your child's school and given to the teacher or school secretary to send over to the Treasurer's Office.

Return Policy: The first month's tuition may only be refunded if our programming needs change and preschool is discontinued or if classroom space has already been filled.

I request that _____ (child's name) be accepted into the Wapakoneta City Schools Preschool Program at:

_____ Cridersville _____ Wapakoneta Elementary

Session preferred: _____AM _____PM

Students in the Wapakoneta City Schools preschool work in small groups with their peers throughout the day. At some points in the day this may include working with related services (Physical Therapy, Occupational Therapy or Speech Therapy) or a classroom teacher to work on activities that are specifically designed to help students with disabilities meet instructional goals. By registering your child as a typical and signing below, you are aware that students will work with one another on preschool related activities regardless of the identification of a disability.

2025/2026 AND AFTER

- **1ST payment for a new school year is due the 1st Monday in August**
- **There will be a late fee of \$25.00 per month for preschool tuition paid after the 15th of the month.**

I agree to the terms and conditions set forth in this Tuition Agreement.

Signature of Parent/Guardian

Date

This section for school personnel only.

Household Size: _____

Household Income: _____

Eligible for Reduced Tuition: _____ Yes _____ No

Confirming Official's Initials/Date: _____

EARLY CHILDHOOD EDUCATION GRANT

**ALL APPLICANTS FOR PRESCHOOL MUST COMPLETE APPROPRIATE SECTIONS
AND RETURN THIS FORM**

Dear Parent/Custodian:

Wapakoneta City Schools currently receives an Early Childhood Education grant from the Ohio Department of Job & Family Services to offset a portion of the cost of operating the preschool program. This allows for students to qualify for reduced tuition and the school to receive ECE funds.

If you believe you DO NOT qualify for reduced tuition: Complete Sections #1 and #3 then sign and date Section #4.

If you believe you DO qualify for reduced tuition (a guideline is attached and based on the household GROSS income): Complete Sections #1 and #2 then sign and date Section #4.

If we determine that your child may be eligible for the ECE Grant, we will contact you with additional information and options.

SECTION #1

Applicant Information:

Name: _____ Phone: _____

Address: _____ Email: _____

City/State/Zip: _____ County: _____

SECTION #2

People in your home:

Name	Relationship to Applicant	Date of Birth
	Self	

Will you or the people in your home receive income? ☐ yes ☐ no

(Income refers to all money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.)

If yes, please complete the table below:

Name	Type of Income	Amount of Income (Before Taxes)	How Often Received (weekly, biweekly, etc.)

Does anyone in your household pay Child or Spousal Support? ☐ yes ☐ no

How Much: _____

SECTION #3

Applicant would not qualify for the Early Childhood Grant since Applicant would not qualify for reduced tuition AND Applicant's child is not on an IEP. If accurate, please initial this line _____

SECTION #4

The above information and statements above are true. Further, if my child qualifies for an Early Childhood Grant position, I will comply with timeframes established by Wapakoneta City Schools District in completing all additional forms required by the Ohio Department of Job & Family Services.

Applicant's Signature

Date

Questions can be directed to Charlotte Schnippel 419.739.2905
or Angie Sparks 419.739.2903.