

**Little Laker Academy Preschool Program
New Student Registration**

Thank you for your interest in PV's Little Laker Academy preschool program! Your child must be 3-years-old by August 1, 2026 in order to enroll in our program in August. Our preschool registration process includes three (3) steps for the 2026-2027 school year (outlined below):

1. Please complete the online registration process via **FinalForms** with the following required documents: (<https://pymatuningvalley-oh.finalforms.com/>).
The required supporting documents include:
 - a. **Birth Certificate:** If needed, you may obtain a legal birth certificate from the Ashtabula County Health Department (ACHD) by completing an application and submitting a \$25.00 fee. Visit ashtabulacountyhealthdepartment.com online (Environmental - Vital Statistics) or call 440-576-6010 Ext. 3 for assistance.
 - b. **Immunization Record:** Please submit a copy of your child's MOST RECENT immunization record. This can be obtained from your child's pediatrician.
 - c. **Parent/Guardian Driver License or State-Issued Identification Card**
 - d. **Proof of Residency:** Options include a deed or lease agreement; current utility bill (within the last 90 days); ODJFS public assistance verification; or a signed and notarized Affidavit of Residency
 - e. **Custody Papers** (if applicable)
2. Please complete the required preschool registration **packet**:
 - a. **Child Medical Statement** (1 page; Green) should be completed and signed by your child's primary care provider. This expires 1-year from the date of the visit.
 - i. Preschool enrollment is contingent upon a current medical statement.
 - ii. The office will remind parents of dates.
 - b. **Family and Child Information Sheet** (2 pages) informs our preschool staff about your child's needs in order to support them successfully
3. For families applying for childcare assistance using the Early Childhood Education (ECE) Grant or Publicly Funded Childcare (PFCC), please apply online using the **Ohio Benefits Self-Service Portal** at <https://benefits.ohio.gov/>. Our license number is **1000017648**.
 - a. **Proof of US Citizenship** (birth certificate, Social Security card, etc.)
 - b. **Income-based eligibility** requires proof of Income (pay stubs, tax records, benefits award letters, child support, etc.)
 - c. **Categorical eligibility** requires either the IEP Signature Page (Section 15), an active case plan for foster/kinship care, or a zero income/homeless statement
 - d. Please consider filling out the Publicly Funded Child Care and the Early Care and Education Services Release of Information forms. This will allow Pymatuning Valley Primary School to communicate with the Ohio Department of Job and Family Services.

Please note: Completion of the registration process does not guarantee enrollment in our program. We have a limited number of seats and must prioritize enrollment for preschoolers with disabilities and children who are grant-eligible. Seats will not be reserved for students with an incomplete registration.

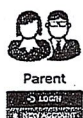
Questions? Please contact **Rebecca Charboneau** at PV Primary School.
Phone: 440-293-6206 **Fax:** 440-293-5152 **Email:** rebecca.charboneau@pvschools.org

FinalForms

Parent registration

How do I sign up?

1. Go to: <https://pymatuningvalley-oh.finalforms.com/>
2. Locate the parent icon and click **NEW ACCOUNT** below.



3. Type your NAME, DATE OF BIRTH, and EMAIL. Next, click **REGISTER**.

NOTE: You will receive an email within 2 minutes prompting you to confirm and complete your registration. If you do not receive an email, then check your spam folder. If you still can not locate the FinalForms email, then email support@finalforms.com informing our team of the issue.

4. Check your email for an **ACCOUNT CONFIRMATION EMAIL** from the FinalForms Mailman. Once received and opened, click **CONFIRM YOUR ACCOUNT** in the email text.

FINALFORMS

Hello Clay Burnett,

Your FinalForms account with Demoville Local Schools (OHE) has been successfully created.

Please [click here to confirm your account](#) and complete your registration as a parent.

Thank you,
Demoville Local Schools (OHE) Administration

5. Create your new FinalForms password. Next, click **CONFIRM ACCOUNT**.
6. Click **REGISTER STUDENT** for your first child.

**CLICK TO SWITCH TO 2026-2027
REGISTRATION**

And for more information on 2026-2027

My Students

MANAGE YOUR STUDENTS WITHIN THE SYSTEM.

Status	Name	Sports/Activities	Actions
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FinalForms

Registering a student

What information will I need?

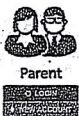
Basic medical history and health information. Insurance company and policy number. Doctor, dentist, and medical specialist contact information. Hospital preference and contact information.

How do I register my first student?

IMPORTANT: If you followed the steps on the previous page, you may Jump to Step number 3.

1. Go to <https://pymatuningvalley-oh.finalforms.com/>

2. Click **LOGIN** under the Parent Icon.



3. Locate and click the **ADD STUDENT** button.

4. Type in the **LEGAL NAME** and other required information. Then, click **CREATE STUDENT**.

5. If your student plans to participate in a sport, activity, or club, then click the checkbox for each. Then, click **UPDATE** after making your selection. Selections may be changed until the registration deadline.

6. Complete each form and sign your full name (i.e. 'Jonathan Smith') in the parent signature field on each page. After signing each, click **SUBMIT FORM** and move on to the next form.

Form Signatures

Parent Signature: _____

Your signature MUST match your name! Clayton Burnett

Student Signature: _____

Student must log in to sign.

Submit Form [Sign this form](#)

7. When all forms are complete, you will see a 'Forms Finished' message.

IMPORTANT: If required by your district, an email will automatically be sent to the email address that you provided for your student that will prompt your student to sign required forms.

How do I register additional students?

Click **MY STUDENTS**. Then, repeat steps number 3 through number 7 for each additional student.

How do I update information?

Login at any time and click **UPDATE FORMS** to update information for any student.

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name (<i>print or type</i>)	Date of Birth
Note: Sections A and B must be completed by the examining Health Care Practitioner (Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner):	
Section A- EXAMINATION	
√ The above named child has been examined.	
√ The above named child is in suitable condition for participation in group care (i.e. free of infectious disease, mentally and physically fit to be in group care).	
√ The above named child does not have allergies OR is allergic to the following (<i>please list in space below</i>):	
<i>Check below, if applicable:</i>	
<input type="checkbox"/> Additional information that will assist the child care program in providing appropriate child care for the above named child (special health care and developmental considerations) accompanies this form.	
Optional: Measurements and Recommended Assessments/Screenings	
Height _____	Vision _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Weight _____	Hearing _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
BMI _____	Dental _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Lead _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hemoglobin _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	
Notes:	
Signature of Examining Health Care Practitioner	Date of Examination
Name of Examining Health Care Practitioner	Telephone Number
Street Address	City, State and Zip Code

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD INCLUDING DATES (MM/DD/YYYY FORMAT) OF DOSES OF ALL IMMUNIZATIONS.

IMMUNIZATION (Complete ONLY ONE SECTION below)	
Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases:	
Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.	
Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER: <input type="checkbox"/> The above named child has been immunized against the diseases listed above. <i>If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):</i>	Initials of Examining Health Care Practitioner <hr/> Date
Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S): <input type="checkbox"/> I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s):	Signature of Parent <hr/> Date



Family and Child Information Sheet

By filling this information about your child and your family, it will help us create a positive experience while in our program. Please share anything that will be helpful in understanding your child's habits, abilities, and personality.

Family Information

1. Child's full name: _____
2. Who is in your child's immediate family? _____
3. Who lives at home with your child? _____
4. How does your child get along with siblings? _____
Familiar adults? _____ Strangers? _____
5. What is the primary language spoken in the home? _____
6. Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional details? _____

7. Are there any changes or transitions that your child has recently experienced or is experiencing? _____

8. Do you have any pets at home? If so, what are their names? _____

Child Information

1. Has your child had a previous child care arrangement? Please explain. _____

2. Does your child have any favorite foods? _____
3. Does your child have any food they dislike? _____
4. Does your child have any food allergies that we should be aware of? (Please note that licensing requires documentation be completed for children with food allergies and/pr dietary restrictions) _____

5. By nature, is your child
a. Friendly _____ d. Kind _____ f. Shy _____
b. Aggressive _____ e. Active _____ g. Anxious _____
c. Other _____
6. Does your child prefer being alone _____ or with friends? _____
7. Are there things that frighten your child? If so, how do he/she react and what do you do to comfort him/her? _____

8. What causes your child to feel angry or frustrated? _____

9. What do you find is the best way to handle the child when she/he is...
 - a. Angry _____
 - b. Sad/Crying _____
 - c. Hurt _____
10. What routines/actions or items do you use to comfort your child?

11. What are some of your child's favorite toys or activities at home?

12. Has your child had experience with? (Check all that apply)

a. Blocks _____	c. Finger painting _____	e. Scissors _____
b. Easel painting _____	d. Water play _____	

Health/Toilet Habits

1. What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)

2. Is your child toilet trained? If not, have you started the process?

3. Does your child need help when using the bathroom?

4. Does your child have trouble sleeping?

Comments:

1. What might you and/or your child be anxious about as he/she starts in this program?

2. In what particular ways can we help your child this year? (social skills, pre-academics skills, self-help skills, etc.)

3. What name would you like her/him to learn to write? _____
4. With what name should we address your child? (ie nickname) _____

Classroom Communication:

Annual Class Roster: Each year the program prepares a roster for each group of children. This roster will not be furnished to any persons other than parents of children enrolled in our program. May we include in this roster your:

___child's name ___family name ___phone numbers ___Please do not include our information.

Thank you for taking the time to complete this for us. Please contact us with any changes that you feel we should be aware of. We look forward to working with you!

To: Prospective Preschool Families
 From: Connie Moores, Director of Pupil Services
 Date: February 2026
 Re: 2026-2027 Preschool Enrollment



Dear Prospective Preschool Families,

Thank you for your interest in the **Little Laker Academy Preschool Program** at PV Primary! We are proudly a Gold-rated program—the highest Step Up to Quality (SUTQ) rating possible—as well as a designated Inclusive Child Care Program (ICCP)—indicating our commitment to serving children with disabilities in integrated classroom settings.



We offer and accept the Early Childhood Education (ECE) Grant and Publicly Funded Child Care (PFCC) assistance programs. These programs permit eligible children to attend preschool for a little-to-no charge based on eligibility requirements and family income. The Ashtabula County Jobs & Family Services (JFS) Office now coordinates the ECE/PFCC eligibility process. Families may apply online using the Ohio Benefits Self-Service Portal at <https://benefits.ohio.gov/>. Our license number is **1000017648**.

We look forward to serving your child(ren) and your family! Go Lakers!

Sincerely,
 Connie Moores
 Director of Pupil Services

Eligibility Requirements		
	Early Childhood Education (ECE) Grant Program	Child Care Choice (CCC) or Publicly Funded Child Care (PFCC) Programs
General Parameters	<ul style="list-style-type: none"> Resident of the state of Ohio Ages 3-5 years and must be 3 years of age, no later than 4/1/2027 Cannot be age-eligible to attend Kindergarten at PV 	<ul style="list-style-type: none"> Resident of the state of Ohio Ages birth-13 years
Eligibility	Income-based eligibility: <ul style="list-style-type: none"> Household income at/below 200% of the federal poverty level Categorical eligibility: <ul style="list-style-type: none"> Children with IEPs Children in Foster/Kinship Care Children experiencing homelessness (McKinney-Vento) 	Income-based eligibility only: <ul style="list-style-type: none"> A Qualifying activity is needed for all caretakers. CCC: Household income between 146-200% of the federal poverty level PFCC: Household income at/below 145% of the federal poverty level
Co-pay	N/A	Determined by family income

Eligibility Documents Needed

Proof of US Citizenship (birth certificate, Social Security card, etc.)

Income-based eligibility requires proof of Income (pay stubs, tax records, benefits award letters, child support, etc.)

Categorical eligibility requires either the IEP Signature Page (Section 15), an active case plan for foster/kinship care, or a zero income/homeless statement

After Applying for Benefits

The county JFS office will review your application to make sure it is completed, signed, and dated and will determine your eligibility within 30 days of the date you submitted your application.

The county JFS office will tell you any verifications you need to submit and will also give or send you the Verification Request Checklist (JFS 07105). The checklist will list the deadline to submit any necessary verifications. Please submit the requested information (approved copies or original documents) right away. If you require assistance, please request help from the JFS office before the due date.

Your county JFS office will send you a notice about your eligibility for benefits after your application has been processed. If you have any questions, please review any notice(s) you receive carefully as they will include helpful resources and contact information.

You may need to pay a weekly copayment to your program, depending on eligibility. Every 12 months, the county JFS office will review your eligibility, recertify your benefits, and contact you to determine if any of your information has changed.

There are specific changes that must be reported to the county JFS office within 10 calendar days. These include the following changes: Changes in family income; Changes in employment, educations, or work requirements; Changes in who lives in the household; Address changes, including relocation to another county; When a preschool child enters kindergarten or above; When school-age children change schools; Changes in provider (Must be reported the week when a child leaves one provider and starts to attend a new provider.)

Contact Information for Questions & Concerns Regarding:			
	Ohio Benefits Applications & Eligibility	Preschool Applications & Enrollment	Preschool Special Education Services
Contact	Ashtabula County Job & Family Services	Ms. Rebecca Charboneau, Secretary	Mrs. Connie Moores, Director of Pupil Services
Address	2924 Donahoe Dr, Ashtabula, OH 44004	5571 US Route 6 W, Andover, OH 44003	5445 US Route 6 W, Andover, OH 44003
Phone	(440) 998-1110	(440) 293-6206	(440) 293-6488
Email	ashtabula-verifications@jfs.ohio.gov	rebecca.charboneau@pvschools.org	connie.moores@pvschools.org

Ohio Department of Children and Youth
EARLY CARE AND EDUCATION SERVICES
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			
REASON FOR THE CONSENT TO RELEASE INFORMATION					
<p>This consent gives permission for the county department of job and family services (CDJFS)/Ohio Department of Children and Youth (DCY) to release publicly funded child care, early childhood education grant or special projects application information to the identified early care and education provider.</p> <p>You are not required to complete this form to be eligible for publicly funded child care, early childhood education grant or special projects.</p> <p>An early care and education provider cannot require you to complete this form as part of their enrollment process and/or to receive child care.</p>					
CONSENT TO RELEASE INFORMATION					
<p><u>Reason for Consent</u></p> <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"> • Primary caretaker first and last name, address and phone number • First and last name and date of birth of children needing care. • Application information: <ul style="list-style-type: none"> ○ Application status, including denied without PAD (payment after denial) and pending application. ○ Verification documents needed. ○ Eligibility begin and end date. ○ Authorization information. 					
<p>This information may be released to:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Provider 1 Name Pyramiding Valley Primary Elementary School</p> <p>Program License Number 1000017648</p> <p>Provider Address 5571 Strickland Ave Andover, Oh 44003</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Provider 2 Name _____</p> <p>Program License Number _____</p> <p>Provider Address _____</p> </td> </tr> </table>				<p>Provider 1 Name Pyramiding Valley Primary Elementary School</p> <p>Program License Number 1000017648</p> <p>Provider Address 5571 Strickland Ave Andover, Oh 44003</p>	<p>Provider 2 Name _____</p> <p>Program License Number _____</p> <p>Provider Address _____</p>
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<ul style="list-style-type: none"> • This document can be submitted using one of the following methods: <ol style="list-style-type: none"> 1. Uploaded into the Self-Service Portal (SSP) by accessing your benefit https://ssp.benefits.ohio.gov/ 2. Submitted to the caretakers' county agency. • 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"> • Uploaded into the Self-Service Portal (SSP) by accessing your benefit https://ssp.benefits.ohio.gov/ • Submitted to the caretakers' county agency. • By signing this form, I am responsible for terminating the listed provider(s) access to the information listed on this form. • 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. • 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. 					

<p>• Pursuant to federal and state law, and applicable policies the DCY may access and disclose information contained in systems controlled or maintained by the DCY or controlled and maintained for the benefit of the DCY.</p>	
Signature of Caretaker or Caretaker's Authorized Representative listed in Ohio Benefits	Date