



Heartland Early Learning Programs Enrollment Packet 2022-23

*All pages must be completed by parent/guardian and turned in with application. This application will not be considered complete and a delay or denial in acceptance may occur unless this checklist is filled out in its entirety. The only exception is regarding medical/dental records – if those appointments are coming due soon or occurring over summer, please note below. Medical/Dental forms expire 13 months from the date of exam and must be up to date in order for students to be allowed in our program.

- _____ Registration form (complete and return)
- _____ Ethnicity/Home Language Survey (complete and return)
- _____ Proof of Residency (provided by parent)
- _____ Birth Certificate (provided by parent)
- _____ Custody Papers (if applicable, provided by parent)
- _____ Immunization Record (provided by parent)
- _____ Medical Statement (completed by Dr.) *Date of most recent exam or scheduled exam _____
- _____ Immunization requirements (for parent reference)
- _____ Dental Form (completed by dentist) *Date of most recent exam or scheduled exam _____
- _____ Multipurpose Release Form (complete and return)
- _____ Transportation Form (complete and return)
- _____ Parent Skills Summary (complete and return)
- _____ Heartland ELP 2022-23 calendar (for parent reference)

Physical Examination-every child entering the program must have a physical examination performed each year. Current physical exams are required for acceptance/admission. If your child isn't due for a physical exam soon due to insurance policies, the most recent physical must be submitted with the understanding that an updated form will be required during the year. The exams are valid for 13 months. The physician must complete the Child's Medical Statement (included in this packet) that verifies all required immunizations. No child will be permitted to attend class without a completed child's medical statement. Please discuss the need for the HIB vaccination with your physician. A hemoglobin test is suggested by preschool guidelines. Note: the 5th DPT and 4th polio immunizations do not need to be given before preschool. The Health Department recommends these be given prior to kindergarten entrance.

Dental Examination-a dental exam is needed each year, form to be completed and signed by the dentist

Provide the following documents:

1. **Birth Certificate**-provide a certified copy of the child's birth certificate. This birth certificate is not the one with the footprints. Certified copies can be obtained from the Wayne County Health Department.

2. **Custody Papers**-if there has been a separation, divorce, adoption or guardianship we must have a complete copy of the custody papers.
3. **Proof of Residency**-a mortgage statement, rental agreement, tax bill, current utility bill, etc.

Fees for Heartland Preschool are on a sliding scale based on total household gross income. Income is defined as work earnings before deductions, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits and all other.

What is the total number of members in your household? _____

What is your total household gross income (annual)? \$_____

FEE SCHEDULE BASED on ANNUAL INCOME

MONTHLY	\$5	\$15		\$30		\$50		\$75			
YEARLY	\$45	\$135		\$270		\$450		\$675			
Household											
2	below	20800	20801	24000	24001	27200	27201	29600	29601	32000	and above
3	below	26000	26001	30000	30001	34000	34001	37000	37001	40000	and above
4	below	31200	31201	36000	36001	40800	40801	44400	44401	48000	and above
5	below	36400	36401	42000	42001	47600	47601	51800	51801	56000	and above
6	below	41600	41601	48000	48001	54400	54401	59200	59201	64000	and above
7	below	46800	46801	54000	54001	61200	61201	66000	66601	72000	and above
8	below	52000	52001	60000	60001	68000	68001	74000	74001	80000	and above

Enrollment-Your child will be considered for enrollment in our preschool program after all registration information has been received. If your child does not have a current physical completed, schedule the appointment and write the date of the appointment on the ENROLLMENT CHECKLIST, and turn in the application.

3301-37 of the Administrative Code Preschool Program Rules 1-12, section 08 states:

Child Information (A) The parent shall provide, prior to the date of admission or not later than 30 days after date of admission, and every thirteen months from the date of examination thereafter, a medical statement affirming that the child is in suitable condition for enrollment in the program.

As the parent/legal guardian of _____, I understand that the above documents are required by the Ohio Department of Education (ODE), Ohio Department of Job and Family Services (ODJFS) and Orrville City Schools for enrollment into the program and to maintain an active status within the district. My signature below verifies that all information I have provided is true and correct. I also understand that providing false information would be considered fraud and that information will be turned over to the State of Ohio.

Parent/Legal Guardian Name

Date



Registration Form

Section I – Student & Family Information

Child's Name _____ Program Requested _____

Date of Birth _____ Age _____ Gender of child: Male _____ Female _____

Child's Birth City _____ Mother's Maiden Name _____

Parent #1

Name _____ Home Phone _____ Call Order _____

Home Address _____ Cell Phone _____ Call Order _____

City _____ State _____ Zip _____ Work Phone _____ Call Order _____

Employer Name _____

Employer Street Address _____ City _____ State _____ Zip _____

Parent #2

Name _____ Home Phone _____ Call Order _____

Home Address _____ Cell Phone _____ Call Order _____

City _____ State _____ Zip _____ Work Phone _____ Call Order _____

Employer Name _____

Employer Street Address _____ City _____ State _____ Zip _____

Section II – Authorization for Emergencies

You must list 3 Emergency Contacts for use ONLY if parents cannot be contacted:

#1 Name _____ Home Phone _____ Call Order _____

Home Address _____ Cell Phone _____ Call Order _____

City _____ State _____ Zip _____ Work Phone _____ Call Order _____

#2 Name _____ Home Phone _____ Call Order _____

Home Address _____ Cell Phone _____ Call Order _____

City _____ State _____ Zip _____ Work Phone _____ Call Order _____

#3 Name _____ Home Phone _____ Call Order _____

Home Address _____ Cell Phone _____ Call Order _____

City _____ State _____ Zip _____ Work Phone _____ Call Order _____

Bathroom statement: I understand that my student must be toilet trained and able to use the toilet independently and clean up appropriately.

Signature of Parent/Guardian _____



Registration Form

Section III – Child’s Health Information and Consent for Emergency Care

Child’s History of Hospitalization: Child’s Disease History:	Preferred Physician
	Name _____ Phone _____
Child’s Allergies/Treatment: Child’s Dietary Needs/Restrictions:	Preferred Medical Specialist
	Name _____ Phone _____
	Preferred Dentist
	Name _____ Phone _____
	Preferred Hospital
	Name _____ Phone _____

Exempt from immunizations due to religious convictions ___yes ___no

NOTE: A MEDICAL FORM MUST BE COMPLETED FOR EACH MEDICATION ADMINISTERED WHILE IN PROGRAM ATTENDANCE

Child’s Medication/s:

In the event that reasonable attempts to contact Parents/guardians were made, we hereby grant ___ do not grant ___ consent for (1) the administration of any treatment deemed necessary by above named medical personnel, or in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transport of child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Parent Signature _____ Date _____

Section IV-Registration Authorizations

Annual Class Roster: Each year we prepare a roster for each group of children. This roster will not be furnished to any persons other than parents of children enrolled in our programs.

I authorize the following to be listed on the parent roster:

Child’s Name ___yes ___no
Parent Name ___yes ___no
Phone numbers ___yes ___no cell ___ home ___ work ___

I hereby state the information provided on this document is true and current. I am the legal guardian or custodian of this child.

Date _____ Signature of Parent/Guardian _____

Ethnicity

Student Name: _____ Date of Birth: _____

Because of changing reporting requirements at the Ohio Department of Education, we must gather race/ethnicity information for all our students and new enrollments. Please answer **BOTH** questions:

1. **My child is of Hispanic/Latino Heritage ?** _____ Yes _____ No
(a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin)

2. Please choose your child's race:

_____ **Asian** (Origins of the Far East, Southeast Asia, or Indian subcontinent -- The area includes Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

_____ **Black or African American – Non-Hispanic** (Persons having origins in any of the black racial group in Africa.)

_____ **American Indian/Alaskan 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.)

_____ **Native Hawaiian or Other Pacific Islander** (Persons having origins in any of the original peoples of Hawaii, Guam, Soma or other Pacific Islands.)

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

_____ **Hispanic** – (Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.) (MUST CHOOSE one of the following categories also – use definitions above.)

_____ Asian

_____ Black or African American

_____ American Indian/Alaskan Native

_____ Native Hawaiian or Other Pacific Islander

_____ White

_____ **Multi-Racial:** (Choose all that apply – use definitions above)

_____ Asian

_____ Black or African American

_____ American Indian/Alaskan Native

_____ Native Hawaiian or Other Pacific Islander

_____ White

Parental Signature: _____ Date: _____

Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

Student Name: <i>(First Name and Last Name)</i> _____		Student Date of Birth: <i>(mm/dd/yyyy)</i> _____
Communication Preferences Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.	1. In what language(s) would your family prefer to communicate with the school? _____	
	2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What languages are used in your home? _____	
Language Background Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	5. In what country was your child born? _____ 6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____	
	7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month Day Year	
Prior Education Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.		
Additional Information Please share additional information to help us understand your child's language experiences and educational background.		
Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____ Parent/Guardian Signature: _____ Today's Date: <i>(mm/dd/yyyy)</i> _____		

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



(Appendix A, continued)

*****COMPLETED BY SCHOOL EMPLOYEE*****

1. **Check.** Confirm the following statements related to the administration of Ohio's language usage survey:

- The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey only is used to understand students' linguistic experiences and educational background.
- The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
- For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
- Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the Language Usage Survey Annotations on page 2 for item-specific guidance.

<p>Student's native language <small>See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</small></p>	_____
<p>Student's home language <small>See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</small></p>	_____
<p>Potential English learner <small>See Language Usage Survey Questions 2-4.</small></p>	<input type="checkbox"/> Yes. Assess the student's English proficiency. <input type="checkbox"/> No. Do not assess the student's English proficiency.
<p>Immigrant student status <small>See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</small></p>	<input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.

4. **Validate.** Complete the information below.

 Signature of validating school employee

 Date (mm/dd/yyyy)

 Printed name of validating school employee

 Name of school or school district



Department of Education

Office of Early Learning and School Readiness



Heartland ELP 2022-23 Child Medical Statement

Section I - Child Medical Information

Child's Name _____ Age _____

Date of Birth _____ Height _____ Weight _____

Table with 2 columns: Immunizations and Exempt from Immunization. Rows include Complete for Age, In Process, Religious Conviction, Health, and Other.

Limitations or health conditions, including allergies, medications, and dietary restrictions.

Large empty box for writing limitations or health conditions.

Section II - Child Medical Statement Verification

Physician/Clinic/Hospital Name _____ Provider Address _____

Provider Phone Number _____ Provider City _____ Provider State _____ Provider Zip _____

Check box of examining medical professional:

- Physician
Physician's Assistant
Advanced Practice Nurse

This child has been examined and is in suitable condition to participate in group care.

Signature of Medical Professional _____

Date of Exam _____

Programs funded through the Ohio Department of Education must have written policies and procedures to ensure that children have received comprehensive health screenings and/or that families are informed of the importance of health screenings and the resources to obtain them.

Immunizations for Child Care, Head Start and Pre-School Attendance:

<p>Please follow the following link to the ACIP Easy-to-read Immunization Schedule for Infants and Children^{1,2}</p> <p style="text-align: center;">http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf</p>		
<p>Ohio Revised Code 5104.014, Division B: Each child's³ caretaker parent shall provide to the center, home, or in-home aide a medical statement, as described in division (D) of this section, indicating that the child has been immunized against or is in the process⁴ of being immunized against all of the following diseases:</p>		
<ol style="list-style-type: none"> 1. Chicken pox; 2. Diphtheria; 3. Haemophilus influenzae type b; 4. Hepatitis A; 5. Hepatitis B; 	<ol style="list-style-type: none"> 6. Influenza; 7. Measles; 8. Mumps; 9. Pertussis; 10. Pneumococcal disease; 	<ol style="list-style-type: none"> 11. Poliomyelitis; 12. Rotavirus; 13. Rubella; 14. Tetanus.
<p>Ohio Revised Code 5104.014, Division C: A child is not required to be immunized against a disease specified in Division (B) of this section if any of the following is the case:</p> <ol style="list-style-type: none"> 1. Immunization against the disease is medically contraindicated for the child; 2. The child's parent or guardian has declined to have the child immunized against the disease for reasons of conscience, including religious convictions; 3. Immunization against the disease is not medically appropriate for the child's age. <p><i>In the case of influenza, a child is not required to be immunized against the disease if the seasonal vaccine is not available.</i></p>		
<p>Ohio Revised Code 5104.014, Division D: The medical statement shall include all of the following information:</p> <ol style="list-style-type: none"> 1. The dates that a child received immunizations against each of the diseases specified in division (B) of this section; 2. Whether a child is subject to any of the exceptions specified in division (C) of this section. 3. The medical statement shall include a component where a parent or guardian may indicate that the parent or guardian has declined to have the child immunized. <p>Follow the link below to the Ohio Department of Jobs and Family Services' Child Medical Statement:</p> <p style="text-align: center;">http://www.odjfs.state.oh.us/forms/findform.asp?formnum=01305</p>		

¹ Vaccine doses are only considered valid if administered according to the most recent version of the *Recommended Immunization Schedules for Persons Aged 0 Through 18 Years* or the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind*, as published by the Advisory Committee on Immunization Practices.

² Vaccine doses administered ≤ 4 days before the minimum interval or age are valid (grace period). Doses administered ≥ 5 days earlier than the minimum interval or age are not valid doses and should be repeated as age-appropriate. If MMR and Varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.

³ "Child" includes both of the following: 1) An infant, toddler, or preschool age child; and 2) A school-age child who is not enrolled in a public or nonpublic school but is enrolled in a child day-care center, type A family day-care home, or licensed type B family day-care home or receives child care from a certified in-home aide.

⁴ "In the process of being immunized" means having received at least the first dose of an immunization sequence and complying with the immunization intervals or catch-up schedule prescribed by the director of health (in accordance with the ACIP catch-up schedule).



OHIO DEPARTMENT OF EDUCATION
DIVISION OF EARLY CHILDHOOD EDUCATION

HEARTLAND ELP DENTAL FORM 2022-23

<input type="checkbox"/> Male <input type="checkbox"/> Female	Name of Child:
Date of Birth	
Child's Current Age	
Parent(s)/Guardian(s) Name	

1. Is the child now receiving any of the following? If YES, include length of time receiving fluoride.

Topical fluoride application No Unknown Yes

Fluoridated water No Unknown Yes

Fluoride supplement diet No Unknown Yes

Tablets Liquid

2. Does the child have any of the following? If YES, provide details.

Allergies Yes No

Asthma Yes No

Bleeding Yes No

Diabetes Yes No

Epilepsy Yes No

Heart/vascular disease Yes No

Liver disease Yes No

Rheumatic fever Yes No

Sickle cell disease Yes No

Other (Please list.) _____

3. Does the child have any trouble with teeth, gums, or mouth? Yes No

If so, what kind? _____

4. Child has previously seen a dentist? Yes No

Dentist's Name _____ Date of last visit _____

5. Child is under a physician's care? Yes No

Physician's Name _____

6. Child is receiving medication? Yes No

7. PLEASE PROVIDE A WRITTEN SUMMARY OF SERVICES REQUIRED (on the back of this form):

- for the relief of pain or infection
- restoration and/or pulp therapy of decayed primary and permanent teeth
- extraction of non-restorable teeth
- dental prophylaxis and instruction in self-care oral hygiene procedures

Dentist's Name (Print)			
Complete Address			
Phone		Date of Current Visit:	
License No.	Tax ID No.		

The annual dental exam by a dentist is an oral diagnostic procedure which should include radiographs (x-rays) only if the dentist determines that they are absolutely necessary. This form should be completed within 90 days of the child's entrance into the program. Developmental dental history should be part of health screening completed within 45 days of entrance.



HEARTLAND EARLY LEARNING PROGRAM
MULTI-PURPOSE RELEASE FORM

STUDENT: _____ DATE: _____

PROGRAM: _____

EARLY LEARNING PROGRAMS HANDBOOK

I will read/review the Heartland ELP Handbook and agree to follow the policies and procedures of Heartland ELP. The handbook will be given after registration is complete.

Parent/Guardian Signature: _____

EMERGENCY DISMISSAL

On rare occasions, we have early dismissal due to hazardous conditions. School buses will run their usual routes. Please indicate which dismissal action is preferred:

_____ My child is to remain at school until I personally pick him/her up

_____ My child is to go home with the stated authorized person _____

Parent/Guardian /Signature _____

FIELD TRIP PERMIT

I want my child to be able to go on field trips this year with his or her class. She/he has my permission to go whenever the teachers and administration think it advisable. My approval for such trips remains effective for the entire school year, even though I understand that parents will be reminded prior to the field trip.

Parent/Guardian Signature: _____

PERMISSION TO PUBLISH

Heartland ELP has my permission to use my child's name, picture, and/or original work for school-related activities that may be published in OrrViews, The Daily Record, Akron Beacon Journal, or the school's website.

Parent/Guardian Signature: _____



Heartland Early Learning Programs

Daily Transportation Authorization

You may choose **only one** daily dismissal option

Child's Name _____

Program _____

_____ will be picked up by a parent/guardian

_____ will be picked up by _____ (This person **must** be one of the names listed as emergency contacts on the registration form.)

_____ will ride bus # _____ to this address _____.

*Busing provided to those students residing in a busing zone as determined by Orrville City Schools Transportation Department

Please provide the name, address, and phone for the person getting your student on and off the bus if it is different from home.

Name _____ Phone _____

Address _____

I understand that an adult must walk my student to the bus and an adult must meet the bus when unloading at home. If an adult is not at the bus door to meet my student, the student will be returned to school or the bus garage.

How will student arrive to school? _____

Parent signature _____ Date _____

****If changes are needed, please send a note with your child to their teacher. Emergency changes to your student's daily procedure must be called in to 330-682-1851 at least 30 minutes prior to dismissal time. We cannot accept late changes.**



Heartland Early Learning Programs Skills Summary 2022-23

Parents - please complete this form so we can provide the best learning experience for your child.

Child's Name _____ Date of birth _____ Gender ___M ___F

Parents _____ Child's Age _____ Program _____

KEY: M = Most of the Time D = Developing the Skill N = Not at this Time

OBSERVATION IN STRUCTURED SETTING

(i.e. playgroup, church, sports, etc.)

- ___ Works/plays independently for short periods
- ___ Follows rules
- ___ Follows daily routine/schedule
- ___ Attends for 5-10 minutes in a group setting
- ___ Uses restroom independently
- ___ Makes transitions:
 - ___ from home to activity
 - ___ within the church, library, etc.
 - ___ when there are changes in the daily routine

SOCIAL OBSERVATIONS

- ___ Cooperates with others during play
- ___ Works with others
- ___ Adjusts to changes in routine
- ___ Trusts adults: Yes/No
 - Demonstrates cooperative behavior:
 - ___ turn taking
 - ___ helping others
 - ___ sharing
 - Demonstrates self-control:
 - ___ waiting for a turn
 - ___ keeping hands to self

COMMUNICATION

- ___ Responds when name is called
- ___ Communicates wants and needs
- ___ Uses intelligible speech
- ___ Verbally expresses feelings/emotions appropriately
- ___ Answers simple questions about a story
- ___ Follows simple directions
- ___ Recites first and last name when asked

PRE-ACADEMIC

- ___ Identifies colors: Red Blue Green Yellow Orange Black Brown Purple (circle known colors)
- ___ Identifies shapes: Circle Square Triangle Rectangle (circle known shapes)
- ___ Identifies and describes a picture
- ___ Recognizes first name in print
- ___ Recognizes letters in first name
- ___ Prints first name
- ___ Identifies words that begin with the same sound
- ___ Identifies words that rhyme
- ___ Sings simple songs/repeats rhymes
- ___ Identifies and names numerals 0-9
- ___ Counts using 1:1 correspondence to at least 5

MOTOR DEVELOPMENT

- Gross Motor:
 - ___ Demonstrates ability to: hop jump climb balance (circle skills accomplished)
 - ___ Demonstrates spatial awareness, position of body in space
- Fine Motor:
 - ___ Works appropriately with scissors
 - ___ Works appropriately with crayons, markers, pencils
 - ___ Works appropriately with puzzles, Legos, other manipulatives
 - ___ Demonstrates awareness of spatial relationships
 - ___ Manages clothing independently

COMMENTS: (Please print all information, continue on back if needed) Is there anything specific to this child that would assist your child's teacher? Include information about successful teaching strategies, child's strength, child's needs, etc.)

Completed by _____
Relationship to child _____

Thank you!

HEARTLAND PRECCHOOL | 2022-2023 CALENDAR

Aug 23 - 1st Day Students

AUGUST '22						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JANUARY '23						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Jan 4 School Resumes

**Jan 16 No School/
M.L. King Day**

Sep 5 - No School/Labor Day

Sep 12 - No School/Fair Day

SEPTEMBER '22						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

FEBRUARY '23						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

**Feb 20 No School/
President's Day**

OCTOBER '22

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

MARCH 23

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

**Nov 24-25 - No School/
Thanksgiving Break**

Nov 28 - No School/PT Day

NOVEMBER '22						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

APRIL '23

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

**Apr 3-6 No School/
Spring Break**

Apr 10 - School Resumes

**Dec 21-Jan 3 - No School/
Winter Break**

DECEMBER '22						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

MAY '23

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

May 18 - Last day of class

Tuition Payments are due by the 25th of each month- first due date is August 25th and the final payment is due April 25th.

There will be no AM class when Orrville City Schools are on a delay.