

Ohio Department of Job and Family Services  
**CHILD ENROLLMENT AND HEALTH INFORMATION  
 FOR CHILD CARE**

**This form shall be completed prior to the child's first day of attendance and updated annually and as needed.**

Child's Name		Date of Birth		First Day at Program/Home	
Home Address				City	
State		Zip Code		Home Telephone Number	
Parent/Guardian Name				Relationship to Child	
Home Address				Home Telephone Number	
City				State      Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email Where can you be reached while your child is in this program/home?					
Parent/Guardian Name				Relationship to Child	
Home Address				Home Telephone Number	
City				State      Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number		Parent's Work/School Name			
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email Where can you be reached while your child is in this program/home?					
<b>Emergency Contacts:</b> Parents <b>cannot be listed</b> as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness <b>if you cannot be reached</b> . Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name			Name		
City		State		City	
Telephone Number		Relationship to Child		Telephone Number	
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State		Telephone Number	

Child's Name

**Allergies, Special Health or Medical Conditions, and Food Supplements**

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or family child care home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

☐ No

☐ Yes - check all that apply    ☐ Food    ☐ Medication    ☐ Environmental    Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms, take action if a reaction occurs, or give emergency medication to your child? (*check one*)

☐ No

☐ Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical condition? (*check one*)

☐ No

☐ Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

☐ No

☐ Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (*check one*)

☐ No

☐ Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?

☐ No

☐ Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.

☐ N/A - program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

☐ No

☐ Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

☐ No

☐ Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."

☐ N/A - child does not attend a full time program.



Child's Name
List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff <b>or medical personnel</b> in an emergency situation.
List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

#### Diapering Statement

Is your child toilet trained? <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> No (If no, fill out the following)	
The program's policy is to check diapers every _____ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:	
<input type="checkbox"/> I agree with the program's schedule	<input type="checkbox"/> I do not agree, please check my child's diaper every _____ hours.

#### Emergency Transportation Authorization

Give <u>Permission</u> to Transport	<b>OR</b>	<u>Do Not Give Permission</u> to Transport
Program or Home Name		Program or Home Name
<b>has permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.	<b>Do not sign both</b>	<b>does not have permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent's Signature		Parent's Signature
Date		Date

#### Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(check one)</i>	
This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.	
Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note: This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15 and 5101:2-13-15. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

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

Child's Name ( <i>print or type</i> )		Date of Birth
<p>✓ This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care.</p> <p>✓ This above named child has been immunized in accordance with the requirements of section 5104.014 of the Ohio Revised Code (please note any exceptions below).</p>		
Signature of Examining Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner		Date of Examination
Name of Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner		Telephone Number
Street Address		
City, State and Zip Code		

**ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH DATES OF DOSES OF ALL IMMUNIZATIONS**

<b>Exceptions to Immunization requirements pursuant to 5104.014 ORC</b> (please include names of requirement diseases against which the child has not been immunized and whether it is because the immunization is medically contraindicated, not medically appropriate for the child's age, or declined by the parent).			
<input type="checkbox"/> I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code. Please note disease above and sign.			
Signature of Parent			Date of Signature
<b>Optional Recommended Assessments/Screenings</b>			
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	
<b>Measurements</b>		<b>Notes</b>	
Height			
Weight			
BMI			

**HOSANNA LUTHERAN CHILDHOOD CENTER  
AUTHORIZATION FOR RELEASE**

Child's Name\_\_\_\_\_

Child's Birthdate\_\_\_\_\_

Parent's Name (printed) \_\_\_\_\_

Class child is enrolled in\_\_\_\_\_

The following people have authorization to pick up my child from Hosanna Lutheran Childhood Center

1. \_\_\_\_\_

Phone\_\_\_\_\_

2. \_\_\_\_\_

Phone\_\_\_\_\_

3. \_\_\_\_\_

Phone\_\_\_\_\_

4. \_\_\_\_\_

Phone\_\_\_\_\_

I understand that if changes need to be made that it is my responsibility to contact the preschool administrator.

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

Date\_\_\_\_\_

# **HOSANNA LUTHERAN CHILDHOOD CENTER AUTHORIZATION FOR PHOTOGRAPHS**

Child's Name \_\_\_\_\_

Child's Birthdate \_\_\_\_\_

Parent's Name (Printed) \_\_\_\_\_

Class child is enrolled in \_\_\_\_\_

\_\_\_\_\_ I grant permission for my child to be photographed while attending Hosanna Lutheran Childhood Center. I also understand that photographs of my child could appear in newsletters, local newspapers, and/or the HLCC website to promote Hosanna Lutheran Childhood Center.

\_\_\_\_\_ I grant permission for my child to be photographed while attending Hosanna Lutheran Childhood Center. I understand that my child will ONLY appear on the locked/password protected HLCC website for parents only.

\_\_\_\_\_ I refuse to grant permission for my child to be photographed while attending Hosanna Lutheran Childhood Center. I also understand that NO photographs will appear in newsletter, local newspapers, and/or the HLCC website to promote HLCC.

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

Date \_\_\_\_\_

**Hosanna Lutheran Childhood Center  
Financial Obligation 2020-2021**

Child's Name \_\_\_\_\_

Your child is registered for \_\_\_\_\_.

**Preschool - 3 years old and completely potty trained**

_____ Monday/Wednesday/Friday	9:00am-11:30am	\$1575/year or \$175/monthly payment plan
_____ Monday/Wednesday/Friday	12:30pm-3:00pm	\$1575/year or \$175/monthly payment plan
_____ Tuesday/Thursday	9:00am - 11:30am	\$1305/year or \$145/monthly payment plan
_____ Tuesday/Thursday	12:30pm - 3:00pm	\$1305/year or \$145/monthly payment plan

**Pre-K - 4 years old, Kindergarten Readiness**

_____ Monday/Wednesday/Friday	9:00am-11:30am	\$1575/year or \$175/monthly payment plan
_____ Monday/Wednesday/Friday	12:30pm-3:00pm	\$1575/year or \$175/monthly payment plan
_____ Tuesday/Thursday	9:00am - 11:30am	\$1305/year or \$145/monthly payment plan
_____ Tuesday/Thursday	12:30pm - 3:00pm	\$1305/year or \$145/monthly payment plan

The tuition for this class is \$ \_\_\_\_\_ per year.

(You may finance tuitions at 0% interest by dividing it into nine equal monthly payments due on the first of each month, September to May: \$ \_\_\_\_\_)

I choose to pay tuition as follows:

\_\_\_\_\_ **Payment in full** - Your payment would be due by the first day of class in September.

\_\_\_\_\_ **Nine Month Payment Plan** - Your payment schedule is as follows:

Pmt #:	Due on:	5	January 1
1	September 1	6	February 1
2	October 1	7	March 1
3	November 1	8	April 1
4	December 1	9	May 1

Payments are due on the first of every month. If they are not received by the 5<sup>th</sup> of the month, you will be charged a \$35.00 late fee. Please see the parent handbook for information on late payments.

By signing below, you are agreeing to pay tuition to HLCC on the first of every month and understand that if tuition is not paid by the 5<sup>th</sup> of the month there will be a late fee of \$25. \*\*Please note that your Enhancement Fee is due on August 15<sup>th</sup>. A \$35 late fee will apply on September 5<sup>th</sup>. \*\*

Please keep one copy for your records and return the second copy to HLCC. You can do this via regular U.S. Mail with your first payment or you can bring this form with you to Orientation.

If you have any questions, please call the preschool office at 740-964-6333.

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Parent Name

Parent Signature

Date

### Family Information Sheet

Child's Name (Last)	(First)	Nickname (if any)
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Who lives at home with your child?
What is the primary language spoken in your child's home?
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.?
Are there any changes or transitions that your child has recently experienced or is experiencing? (Moved from crib to bed, divorce, new home, death of family member, friend or pet)?
Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)?
Describe your child's personality and behavior along with any special interests.
Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?
What are your expectations of this program?
What other information would be helpful for the staff caring for your child to know?

Parent Signature

Date



HLCC Proposed Calendar  
2020-2021

Wednesday, August 26<sup>th</sup> - Parent Orientation - this will be a virtual link sent to you

Thursday, August 27<sup>th</sup> - Parent Orientation - this will be a virtual link sent to you

Monday, August 31 - 3-day Preschool and 3-day Pre-K First Day

Tuesday, September 1<sup>st</sup> - 2-day Preschool and 2-day Pre-K First Day

Monday, September 7<sup>th</sup> - No School, Labor Day

Wednesday, November 25<sup>th</sup> - 27<sup>th</sup> - No School, Thanksgiving Break

Friday, December 18<sup>th</sup> - Friday, January 1<sup>st</sup> - Winter Break

Monday, January 4<sup>th</sup>, 2021 - Students return from Winter Break

Monday, January 18<sup>th</sup> - No School - Martin Luther King Jr. Day

Monday, February 15<sup>th</sup> - No School - President's Day

Thursday, March 19<sup>th</sup> - Friday, March 26<sup>th</sup> - Spring Break

Monday, March 29<sup>th</sup> - Return to school

Friday, April 2<sup>nd</sup> - No School - Good Friday

Friday, May 7<sup>th</sup> - Family Fun Night (TBD)

Tuesday, May 18<sup>th</sup> - 2-day Preschool and 2-day Pre-K - Last day of School

Wednesday, May 19<sup>th</sup> - 3-day Preschool and 3-day Pre-K - Last day of School

\*\*\*Currently, we are discontinuing all field trips and specials. Our goal is to keep limited number of people in the building to keep the children safe. \*\*\*

# Student Supply List

2020-2021

## Pre-K School Box Items Requested:

1 pair of Fiskars scissors  
Elmer's Glue sticks  
Elmer's 6 oz. liquid white glue  
16 count Crayola crayons  
1 pkg. Crayola Thin Markers  
1 tray of Crayola watercolors  
1 pkg. of Crayola glitter glue  
1 pkg. of #2 pencils  
1 pkg. white copy paper  
1 pkg. colored copy paper  
Decorative tape  
1 pkg. Baby Wipes (alcohol free)  
1 pkg. of Napkins  
Uncoated paper plates  
Gallon Bags (boys), Snack bags (girls)  
Clorox Wipes

## Bonus Items:

Elmer's Glue Sticks  
Crayola dry erase markers (broad line)  
Buttons  
Craft Sticks  
Assorted stickers  
Stringing pony beads  
Jingle Bells  
Assorted Foamies  
Play-doh  
5 oz. or 9 oz. disposable cups  
Pom Pom Balls

## Preschool Supplies Needed:

1 pair of Fiskars scissors  
Elmer's Glue sticks  
Elmer's 6 oz. liquid white glue bottle  
1 pkg. of Fat Crayola crayons  
1 pkg. Crayola Fat Markers  
1 tray of Crayola watercolors  
1 pkg. of Crayola glitter glue  
2 pkg. white card stock paper  
1 pkg. Construction paper  
1 pkg. Baby Wipes (alcohol free)  
Paper Towels  
Clorox Wipes  
Sandwich Bags

## Bonus Items:

Elmer's Glue Sticks (giant size)  
Pip Squeak Markers  
Assorted stickers  
Decorative tape  
Assorted Foamies  
Buttons (all sizes and shapes)  
Craft sticks (wide)  
Pom Poms  
Play-doh  
5 oz. or 9 oz. disposable cups  
Finger paint

***School Boxes will be provided for all students for their own personal use.***

***All bonus items will be shared throughout the school.***