

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 #1			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip		
Email Address (if applicable)			Cell Phone (if applicable)		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information 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 #2			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip		
Email Address (if applicable)			Cell Phone		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information 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?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you. At least one person listed must be 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		State
Telephone Number		Relationship to Child	Telephone Number		Relationship to Child
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 Medical Foods

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 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/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 to take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- No
 Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Does your child have a developmental delay or 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 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

- No
 Yes - please explain

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

- No
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

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 file.
 N/A - program does not provide meals or snacks to the child.

Child's Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff **or medical personnel** in an emergency situation.

Not applicable

List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.

Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

Not applicable

Child's Name

Diapering Statement

Is your child toilet trained? Yes (If yes, skip to Emergency Transportation Authorization section)
 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:

I agree with the program's schedule I do not agree, please check my child's diaper every ____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport		OR Do not sign both	<u>Do Not Give Permission</u> to Transport	
Program or Home Name			Program or Home Name	
has permission 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.			does not have permission 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	Date		Parent's Signature	Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. Yes No (check one)

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, 5101:2-13-15, and 5101:2-14-04. 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
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
Notes:	Other: _____
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:	Initials of 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>	
	Date
Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S):	Signature of Parent
<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):	
	Date

**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 _____

CHOOSE ONE:

_____ 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 2022-2023**

Child's Name _____

Your child is registered for _____.

Preschool - 3 years old and completely potty trained

_____ Monday/Wednesday/Friday	9:00am-11:30am	\$180/monthly payment plan or \$1620/year
_____ Monday/Wednesday/Friday	12:30pm-3:00pm	\$180/monthly payment plan or \$1620/year
_____ Tuesday/Thursday	9:00am - 11:30am	\$150/monthly payment plan or \$1350/year
_____ Tuesday/Thursday	12:30pm - 3:00pm	\$150/monthly payment plan or \$1350/year

Pre-K - 4 years old, Kindergarten Readiness

_____ Monday/Wednesday/Friday	9:00am-2pm	\$270/monthly payment plan or \$2430/year
_____ Tuesday/Thursday	9:00am-2 pm	\$210/monthly payment plan or \$1890/year

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 15th of each month, August to April: \$ _____)

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

Pmt #:	Due on:	6	January 15
1	August 15	7	February 15
2	September 15	8	March 15
3	October 15	9	April 15
4	November 15		
5	December 15		

You may pay tuition in advance at any time.

Payments are due on the 15th of every month. If they are not received by the 20th 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 15th of every month and understand that if tuition is not paid by the 20th of the month there will be a late fee of \$35. **** Please note that your Enhancement Fee is due on June 15th. ****
If you choose to withdraw, you must withdraw by August 15th or Enhancement and one month of tuition will be due.

Please return this copy to HLCC. You will receive a bill through our billing system for your Enhancement Fee in June and Tuition fees in August.

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

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
2022-2023

Wednesday, August 24 - Parent Orientation - 6 pm

Thursday, August 25 - Parent Orientation - 6 pm

Monday, August 29 - 3-day Preschool and 3-day Pre-K Meet the Teacher Day

Tuesday, August 30 - 2-day Preschool and 2-day Pre-K Meet the Teacher Day
(Times will be given at Parent Orientation Night)

Wednesday, August 31 - 3-day Preschool and 3-day Pre-K First Day of School

Thursday, September 1 - 2-day Preschool and 2-day Pre-K First Day of School

Monday, September 5 - No School, Labor Day

Wednesday, November 23 - Friday, November 25- No School, Thanksgiving Break

Monday, December 19 - Friday, December 30 - Winter Break

Tuesday, January 3, 2023 - Students return from Winter Break

Registration is open to HLCC Alumni for the upcoming 2023-2024 school year

Monday, January 16 - No School - Martin Luther King Jr. Day

Monday, February 20 - No School - President's Day

Friday, March 24 - Friday, March 31 - Spring Break

Monday, April 3 - Return to school

Friday, April 7 - No School - Good Friday

Friday, May 5 - Family Fun Night

Thursday, May 11 - 2-day Preschool and 2-day Pre-K - Last day of School

Friday, May 12 - 3-day Preschool and 3-day Pre-K - Last day of School

***Field trips will be scheduled accordingly due to the current pandemic. We hope to schedule one in the Fall and one in the Spring. All dates on this calendar are subject to change at any time. ***

Student Supply List

2022-2023

Pre-K School Supplies Needed:

1 pair of Fiskars scissors
2 Elmer's 6 oz. liquid white glue bottle
16 count Crayola crayons
1 pkg. Fat Washable markers -boys
1 pkg. Thin Crayola Markers - girls
1 tray of Crayola watercolors
2 pkg. of Crayola glitter glue tubes
2 pkg. white copy paper
1 pkg. Baby Wipes (alcohol free)
Clorox Wipes
Quart Size Bags
Paper Towel

Preschool Supplies Needed:

Elmer's 6 oz. liquid white glue bottle
1 pkg. of Large Crayola crayons
1 pkg. of Fat Washable markers
1 tray of Crayola watercolors
1 bottle of Crayola glitter glue
1 pkg. of Crayola glitter glue tubes
1 pkg. colored copy paper
1 pkg. Baby Wipes (alcohol free)
Paper Towels
Clorox Wipes
Gallon Size Bags

Each classroom will have a wishing tree outside their classroom with bonus items needed throughout the school year.