Ohio Department of Children and Youth

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 ☐ Same as Child's		Home Telephone Number ☐ 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. ☐ Yes ☐ No

If you answered yes, please indicate which information above to include on the list ☐ Work # ☐ Cell # ☐ Home # ☐ Email

Where can you be reached while your child is in this program/home?

Parent/Guardian Name #2		Relationship to Child
Home Address ☐ Same as Child's		Home Telephone Number ☐ 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. ☐ Yes ☐ No

If you answered yes, please indicate which information above to include on the list ☐ Work # ☐ Cell # ☐ Home # ☐ 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 at least one person 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 DCY 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 DCY 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 DCY 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 DCY 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a DCY 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 *Permission* to Transport		**OR** Do not sign both	***Do Not Give Permission*** **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 5180:2-12-15, 5180:2-13-15, and 5180:2-14-04.

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.

Reset Form

Ohio Department of Job and Family Services

CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name *(print or type)*	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 (*please list in space below)*:

Check below, if applicable:

☐ 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 _____ ☐ Yes ☐ No Lead _____ ☐ Yes ☐ No

Weight _____ Hearing _____ ☐ Yes ☐ No Hemoglobin _____ ☐ Yes ☐ No

BMI _____ Dental _____ ☐ Yes ☐ 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: ☐ The above named child has been immunized against the diseases listed above. *If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):*	**Initials of Examining Health Care Practitioner**
	Date
Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S): ☐ 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**
	Date

HOSANNA LUTHERAN CHILDHOOD CENTER
AUTHORIZATION FOR PHOTOGRAPHS

Child's Name: _____ Birthdate: ___/___/___

Parent's Name (printed): _____

Class: Pre-K 2 Day ___ 3 Day ___ 5 Day ___
(Room A, B, C)

Preschool 2 Day AM ___
(Class D) 3 Day AM ___
5 Day AM ___

CHOOSE ONE ONLY:

_____**FULL PERMISSION:** I grant permission for my child to be photographed while attending HLCC. I also understand that photographs of my child could appear in newsletters, local newspapers, and/or the HLCC website to promote HLCC.

_____**LOCKED WEBSITE ONLY:** I grant permission for my child to be photographed while attending HLCC. I understand that my child will ONLY appear on the locked/password protected HLCC website for parents only.

_____**NO PERMISSION:** I refuse to grant permission for my child to be photographed while attending HLCC. I also understand that NO photographs will appear in newsletter, local newspapers, and/or the locked HLCC website.

Parent/Guardian Signature: _____

Date: _____/_____/_____

HOSANNA LUTHERAN CHILDHOOD CENTER
AUTHORIZATION FOR RELEASE

Child's Name: _____ Birthdate: ___/___/___

Parent's Name (printed): _____

Class: Pre-K 2 Day ___ 3 Day ___ 5 Day ___
(Room A, B, C)

Preschool 2 Day AM ___
(Class D) 3 Day AM ___
5 Day AM ___

The following people have authorization to pick up my child from HLCC.

NOTE: Both parent/guardians and emergency contacts on page one of ODJFS form 01234 Child Enrollment & Health Information form DO NOT need to be included here. They will automatically be authorized to pick up your child, unless otherwise shared with the director.

Include here only ALTERNATE individuals (not parent/guardian or emergency contacts included on ODJFS form 01234) who may also pick up your child:

1. _____ Phone (_____) ____-_____
2. _____ Phone (_____) ____-_____
3. _____ Phone (_____) ____-_____
4. _____ Phone (_____) ____-_____
5. _____ Phone (_____) ____-_____
6. _____ Phone (_____) ____-_____

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

Parent/Guardian Signature: _____

Date: _____/_____/_____

HLCC Preschool – Financial Obligation Form

Student Name: _____ is registered for:

Preschool - 9 a.m. to NOON (Students must be 3 years old & completely potty-trained.)

	Class	Monthly Tuition
	2 Day (Tuesday/Thursday)	$200.00
	3 Day (Monday/Wednesday/Friday)	$220.00
	5 Day (Monday – Friday)	$380.00

OPTIONAL: ADD Lunch Bunch to Preschool

	Days	NOON to 1 p.m.
	2 Day (Tuesday/Thursday)	$70.00
	3 Day (Monday/Wednesday/Friday)	$100.00
	5 Day (Monday – Friday)	$150.00

Pre-K – 9 a.m. to 3 p.m. (4 & 5 year-old students.)

	Class	Monthly Tuition
	2 Day (Tuesday/Thursday)	$290.00
	3 Day (Monday/Wednesday/Friday)	$350.00
	5 Day (Monday – Friday)	$465.00

Payment Terms & Conditions

Initials: _____ Tuition payments are determined by taking the total tuition for the year and dividing by nine equal payments. Tuition is due during breaks, holidays, and vacations regardless of whether your child attends or is absent.

Initials: _____ Tuition is based on enrollment and is not adjusted for absences or closures due to weather, emergencies, or other circumstances beyond the school's control.

Initials: _____ Payments are due on the 15th of every month beginning in August through April 15 the following spring. If payments are not received by five days after the due date, a fee of 20% will be added to your invoice.

Standard 9-Month Payment Schedule	
June 15 – Enhancement Fee	December 15 – Tuition Due
August 15 – Tuition Payments Begin	January 15 – Tuition Due
September 15 – Tuition Due	February 15 – Tuition Due
October 15 – Tuition Due	March 15 – Tuition Due
November 15 – Tuition Due	April 15 – Final Tuition Payment

Initials: _____ Autopay is available upon request and may be required if my account becomes past due or a late fee is incurred. Please see the parent handbook for information on late payments.

Initials: _____ Withdrawals require a 30-day written notice. You will be billed for one month of tuition from the date we receive notice. *If you do not withdraw by August 15 to start the school year, you will be charged the Enhancement Fee and one month of tuition*.

Initials: _____ The payment terms and conditions above apply to all tuition, fees, and extended care services.

Please return this copy to HLCC. If you have any questions, please contact the bookkeeper: accounts@hlccpreschool.org

Parent/Guardian Signature: _____ Date: ___/___/___

****I would like to discuss alternate payment arrangements/due dates with the bookkeeper: YES _____****

4/2/2026

HLCC Preschool – Family Information Form

Child Name:		**Nickname (if any):**	
Child lives with (adults):			
Names & Ages of Siblings:			
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.? If yes, please describe:			**Y / N**
Are there any changes or transitions your child has recently experienced (moved from crib to bed, divorce, new home, death of family member/friend/pet)? If yes, please describe:			**Y / N**
Are there any cultural or religious practices of your family that we should be aware of (dietary restrictions, clothing, head coverings, etc.)? If yes, please describe:			**Y / N**
Are there things that frighten your child? If yes, how does he/she react and what do you do to comfort them?			**Y / N**
Describe your child's personality and behavior along with any special interests:			
What are your expectations of this program?			
What other information would be helpful for the staff caring for your child to know?			

Parent/Guardian Signature: _____ **Date:** _____/_____/_____

HLCC Proposed Calendar
2026-2027

Parent Orientation	Wednesday, August 19 - 6 p.m. Thursday, August 20 – 6 p.m.
Meet the Teacher Day **Times TBA**	Monday, August 24 Tuesday, August 25
First Day of School	Wednesday, August 26 Thursday, August 27
Labor Day (No School)	Monday, September 7
Fall Break (No School)	Monday, October 19-Friday, October 23
Thanksgiving Break (No School)	Wednesday, November 25-Friday, November 27
Winter Break (No School)	Friday, December 18 – Friday, January 1 Return from Break on Monday, January 4, 2027

*****Registration opens to alumni students/families for following year January 1, & public on February 1.*****

Martin Luther King Jr. Day (No School)	Monday, January 18
President's Day (No School)	Monday, February 15
Good Friday & Spring Break (No School)	Friday, March 26 – Friday, April 2
Family Fun Day	Sunday, April 25 1-4 p.m.
Last Day of School & Field Days	Thursday, May 13 Friday, May 14

Calendar subject to change!
Two field trips (one fall and one spring) are scheduled when locations allow bookings.
Parent Teacher Conferences (Dates TBD)

- ***Pre-K (one fall and one in spring): Students attend half day.***
- ***Preschool (one in winter): No school on conference day.***

4/7/2026