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 ☐ 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 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 *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 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.

Authorization for Pick Up

Please fill this form out to give authorization for who is allowed to pick your child up at daycare. Anyone who picks up has to be listed on this form to be able to pick up. We will still check driver's license.

Child's name: _____

Authorized person: _____ Phone #: _____

Address: _____ Relationship: _____

Authorized Person: _____ Phone #: _____

Address: _____ Relationship: _____

Authorized Person: _____ Phone #: _____

Address: _____ Relationship: _____

Authorized Person: _____ Phone #: _____

Address: _____ Relationship: _____

Authorized Person: _____ Phone #: _____

Address: _____ Relationship: _____

Authorized Person: _____ Phone #: _____

Address: _____ Relationship: _____

Photo Release Form

This form is for permission to display photos of your child. We like to take pictures of the children playing and doing special activities and then display them in the room and hallways. The children really enjoy looking at pictures of their pictures of their friends and themselves. This is also a great way to share with parents what their children are doing when they are not here. We would also like to be able to use the pictures in center newsletters, on our Facebook page, and also on our website.

Please indicate below if we may use your child's photograph for the uses mentioned above and return this form.

___ I grant permission to Kiddie Daycare and Preschool of Boardman and Howland to use my child's photograph for the uses mentioned above.

___ I do not give permission to Kiddie Daycare and Preschool of Boardman and Howland to use my child's photograph for use.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parents:

We are updating our software for the center. We will be using Bright Wheel. The software will help with reducing paperwork, make tuition/billing/payments easier for our parents and more communications with our parents and staff. There is some information that I will ask for to make sure each child's record is up to date and accurate. This information will only be used for daycare purpose and if there is ever an emergency that we need to know this info. If you could please fill the information in and return ASAP.

Please print clearly due to this is how you will get notifications.

- Mom's email: _____
- Dad's email: _____
- Medical issues: _____
- Allergies: _____
- Medications: _____
- Diet Restrictions: _____
- Physician Name: _____
- Physician #: _____

Ohio Department of Children and Youth

FAMILY NEEDS SURVEY FOR STEP UP TO QUALITY (SUTQ)

We want to support any needs you or your family may have. THE INFORMATION YOU PROVIDE ON THIS FORM IS CONFIDENTIAL

Please circle Y (YES) or N (NO) to best describe your current situation for each topic. If you circle Y for an item, please briefly list the CONCERN if this is an area of need for your child or family. Our goal is to provide resources to support you and your family, based on your answers.

Child's/Children's Name(s):	Caretaker's Name:	Date Completed:

	TOPICS	Briefly List CONCERN
Child Development and Education- Does anyone in your family have any need for resources or support in the areas listed below?		
Y N	Information on child growth and development.	
Y N	Guiding and supporting a child's behavior.	
Y N	Medical or disabilities or possible conditions for any child or adult in the family.	
Y N	Obtaining toys or activities to use to help any child in your home.	
Y N	Preparing your child for kindergarten.	
Child and Family Health- Does anyone in your family have any need for resources or support in the areas listed below?		
Y N	Health insurance and/or access to regular medical care, dental care, or medications.	
Y N	Medical or health supplies or supports that anyone in your family needs.	
Y N	Accessing immunizations.	
Y N	Finding a pediatrician, general practitioner, dentist, therapist, psychologist, optometrist, or other specialty practitioner.	
Y N	Concerns with depression, anger, anxiety, or mental health needs.	
Y N	Concerns with alcohol, drug, or addiction problems.	
Financial and Household Supports- Does anyone in your family have any need for resources or support in the areas listed below?		
Y N	Help paying for child care.	
Y N	Help finding housing or safe housing.	
Y N	Help paying your mortgage or rent.	
Y N	Help with food expenses.	
Y N	Finding household items such as furniture, clothing, or school supplies.	
Y N	Access to transportation or transportation expenses.	
Y N	Attending school (such as a GED, Certifications, or college degrees)	
Y N	Help finding work or job training	

Are there other needs you or your family have that are not listed above:	
Parent Signature	Date:
Administrator or Designee Signature:	Date:

For Staff Use:

Bronze Rating Level	Silver Rating Level	Gold Rating Level
Resources provided to the family:	Resources provided to the family:	Resources provided to the family:
Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:
	Referrals provided to the family:	Referrals provided to the family:
	Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:
		Follow-up provided to the family:
		Administrator or Designee Signature & Date:

Kiddie Daycare & Preschool Parent' Agreement

I'd like to enroll my child _____as a student at Kiddie Daycare & Preschool, I agree to the following conditions:

1. I will keep my child home if he or she is experiencing signs/symptoms of illness. I will report date of exposure to contagious disease.
2. Kiddie Daycare & Preschool requires that children be vaccinated accordingly.
3. I grant the teachers the right to exercise mild disciplinary measures, such as TIME OUT, being one minute for age.
4. Regular attendance is required except when my child is sick or when unusual or difficult circumstances arise. In that case call the school.
5. I agree to pay the tuition weekly. Tuition is due by Tuesday at noon each week or bi-weekly as arranged. A late fee of $15 will assessed on the second week. Accounts more than five (5) weeks overdue may result in dismissal of your child until account has been brought current. If your account is closed there is an interest rate of 1.75% per month added to any outstanding balances. Any NSF checks will result in a $25 service charge. Any child that is picked up after 6 pm will be charged a minimum fee of $15 for the first 15 minutes and $1 per minute thereafter.
6. I give consent to allow my child on outdoor adult supervised walks in the neighborhood.
7. I understand and agree the staff Kiddie Daycare & Preschool is released from any and all claims or financial responsibilities arising from any accident or mishap during regular school hours.
8. I agree to notify the administrator at least one week in advance if for any reason I withdrawal my child. I also agree that if I do not give proper notification, I will be charged one-week tuition.
9. The Child Enrollment Forms are due upon enrollment to Kiddie Daycare & Preschool.
10. The Child Medical Statement is due within 30 days of enrollment to Kiddie Daycare & Preschool.
11. If a parent does not grant permission for the center to call 911 and have their child transported because of a serious illness or injury then they cannot enroll at Kiddie Daycare & Preschool.
12. A child can be disenrolled at any time at the discretion of the owner and administrator.
13. Kiddie Daycare & Preschool will be closed on the following Holidays: New Year's Day, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Black Friday, and Christmas Day. We will do a sign-up sheet for Christmas Eve and New Year's Eve and may be closed the entire day or close early depending on enrollment for those days.

Signature: _____ Date: _____