CHILD'S PLAY LEARNING CENTER, INC.
(614) 833-1836

A $60.00 Registration fee for each child, or
$100.00 for two children or more, is due with this application.
This is a Non-Refundable Fee, Applicable Yearly by March 15th

Child's Last Name First Middle Birthdate

Mother's name Father's name Marital Status

Address Phone Number

City State Zip Code

Mother's Employer Address

Work Phone Number Work Hours Occupation

Father's Employer Address

Work Phone Number Work Hours Occupation

Members of Household and Their Relationship:

_____ _____

_____ _____

_____ _____

Has the child previously attended a Child Care Center? If yes, where and how long?

_____

AMOUNT PAID_____CHECK #_____DATE PAID_____

CHILD'S PLAY LEARNING CENTER, INC.
11795 PICKERINGTON ROAD
PICKERINGTON OH 43147
(614) 833-1836 FAX 833-3088

CHILD SAFETY FORM

ROUTINE TRIP AUTHORIZATION

I give my permission for _____ to accompany teachers or staff of CHILD'S PLAY LEARNING CENTER, INC. on routine field trips in and around the vicinity of the center.

_____ _____
Parent's or Guardian's Signature Date

RELEASE FORM

I release Child's Play Learning Center, its teachers, volunteers, and all other persons connected with the Program from liability claims of any kind resulting from accidental injuries that might be sustained by my child_____ while on routine trips and on the premises.

_____ _____
Parent's or Guardian's Signature Date

PERMISSION TO PARTICIPATE

I give my permission for_____
to use all of the play equipment and to be included in all activities, evaluations and pictures connected with Child's Play Learning Center's programs.

_____ _____
Parent's or Guardian's Signature Date

I give permission for Child's Play Learning Center to post pictures of my child _____on their website, www.childsplaylearningcenter.com. I understand that at no time will my child's name or age be revealed with their picture. I also understand that Child's Play Learning Center will let me know whenever a picture of my child is going to be used on the center website so I can view it.

_____ _____
Parent's or Guardian's Signature Date

Ohio Department of Job and Family Services

FAMILY INFORMATION
FOR STEP UP TO QUALITY PROGRAMS (SUTQ)

Child's Name *(Last)*	*(First)*	Nickname *(If any)*

By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.

Who is in the child's immediate family?

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.? Additional Details?

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) Additional Details?

Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)

Do you have any pets at home? If so, what are they and what are their names?

Has your child had a previous care arrangement? ☐ Yes or ☐ No Additional Details? (Center based, in home, with family, with parents, etc.)

My child drinks ☐ milk, ☐ formula, ☐ juice or ☐ water. *(Check all that apply)*
How much and how often?

Does your child have any favorite foods?

Does your child dislike any foods?

Are there any foods your child should not be fed? (Licensing requires documentation be completed for children with food allergies and/or dietary restrictions)

Please check all of the words that best describe your child's personality and behavior

☐ active ☐ adventurous ☐ affectionate ☐ anxious ☐ bossy ☐ bright ☐ busy ☐ calm ☐ cautious ☐ cheerful
☐ content ☐ creative ☐ curious ☐ easily-angered ☐ emotional ☐ energetic ☐ excitable ☐ friendly ☐ gives-in-easily
☐ happy ☐ hesitant ☐ insecure ☐ jealous ☐ likes structure/routines ☐ loud ☐ loving ☐ mellow ☐ outgoing
☐ prefers adult attention ☐ quiet ☐ sensitive ☐ serious ☐ shares-well ☐ social ☐ spontaneous ☐ stubborn ☐ tentative
☐ other:

Are there additional personality and behavior characteristics that would be useful to know about your child?

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

Does your child use any special comfort or support items that help him/her go to sleep? If so, what?

What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)?

My child sits in a ☐ high chair, ☐ booster, ☐ child size chair or ☐ adult size chair. *(Check the one that applies.)*

Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used.

Does your child need assistance when using the toilet? If so, how?

What words, gestures or signs does your child use if he/she needs to use the bathroom?

What time does your child normally go to bed at night and wake up in the morning?

What time(s), and for how long, does your child usually nap?

Does your child have trouble sleeping (Night terrors, trouble going to sleep, etc.)? Please explain.
What might you and/or your child be anxious about as he/she starts in this program?
What are you and/or your child excited about as he/she starts in this program?
What are your expectations of this program?
What other information would be helpful for the staff caring for your child to know?

Parent/Guardian's Signature	Date

Childcare Manager
RapidTuition

Looking for a rapid way to pay your childcare expenses?
RapidTuition is your answer!

Safe. Reliable. Convenient.

For **Credit Card** authorization, complete this side.
For **EFT (Check)** authorization, complete the reverse side.

We use **RapidTuition** as the primary method of payment for our child care services. RapidTuition lets you pay your regular childcare fees automatically through **Electronic Funds Transfer** or **Credit Card**. This service benefits both our center and you. It benefits us by reducing the administrative time and cost associated with collecting childcare fees and allows us more time with the children. Automatic Credit Card payments benefit you by delaying payment until your Credit Card statement is received, providing the option to delay payment of your credit card balance or roll it over, and eliminating late payment fees. Automatic Electronic Funds Transfer benefits you by eliminating the need to write checks, removing the worry of paying your bill on time and decreasing the chance of late fees. We encourage you to choose one of these methods of payment.

Please complete and sign the **Credit Card Authorization Form** below if you want to automatically charge your credit card to pay your regular childcare fees.

Please complete and sign the **Electronic Funds Transfer Authorization** on the reverse side of this brochure and attach a voided check, if you want to automatically transfer funds electronically from your bank or credit union to pay your regular childcare fees.

CREDIT CARD PAYMENT AUTHORIZATION

(Please Print)

I authorize Child's Play Learning Center, (Called "**Childcare Center**" in this Authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I authorize Childcare Center to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize Childcare Center to use the third party sender, RapidTuition to process all payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Cardholder Name:		**Phone:**
Cardholder Billing Address:		
City:	**State:**	**ZIP Code:**
Account Number:		**Expiration Date:**
Cardholder Signature:		**Date:**

PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS

Childcare Manager™
RapidTuition
Processing payments the rapid way!

To use this method of payment, simply complete and sign the Electronic Funds Transfer Authorization form below and attach a voided check. Return to us as soon as possible. Thank You.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

(Please Print)

I authorize Child's Play Learning Center, (Called "**Childcare Center**" in this Authorization) to initiate either an electronic debit or create and process a demand draft against my Checking or Savings Account. I authorize Childcare Center to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize Childcare Center to use the third party sender, RapidTuition to process all payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law. If my payment is returned unpaid, I also authorize you to collect the Returned Item Fee of $20 by presenting a demand draft against my account or by making a one-time electronic fund transfer from my account.

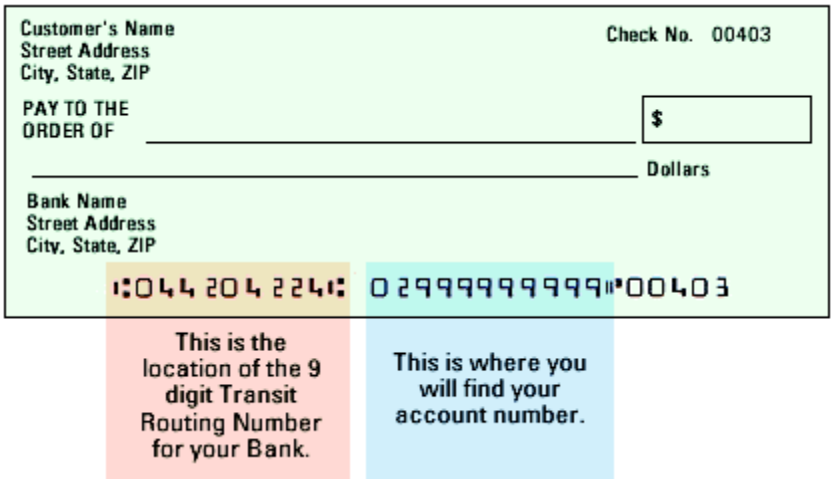
Your Name:		**Phone:**
Address:		
City:	**State:**	**ZIP Code:**
Bank/Credit Union Name:		
Bank/Credit Union Address:		
City:	**State:**	**ZIP Code:**
Bank Account Type: ☐ Checking ☐ Savings ☐ Business Checking		
Routing Number: *(See Sample Below)*		**Account Number:** *(See Sample Below)*

This authorization will remain in full force and effect until I notify **Childcare Center** in writing of its termination. Notification must be received 5 business days in advance of termination date to permit RapidTuition and your Bank reasonable time to act upon it.

Signature and Title:	**Date:**

PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS

(Please attach a copy of a voided check below – deposit slips not accepted)



Reset Form

Ohio Department of Job and Family Services

CHILD ENROLLMENT AND HEALTH INFORMATION FOR CHILD CARE CENTERS AND TYPE A HOMES

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 Center
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. ☐ Yes ☐ No

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

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

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. ☐ Yes ☐ No

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

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

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 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	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 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 type A 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 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 **or medical personnel** 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? ☐ 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 center/type A home'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			**_Do Not Give Permission_ to Transport**	
Center or Type A Home Name			Center or Type A 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.		**OR** **Do not sign both**	**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 center's or type A 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. After the child is attending the program the administrator shall have the parent/guardian review and initial the form when any changes/updates are made and at least annually. The parent/guardian and the administrator or designee shall initial and date the form in the section below to indicate when the form was last reviewed.

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 centers and type A homes to meet the requirements of rules 5101:2-12-37 and 5101:2-13-37. This form must be on file at the center or type A 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 *(print or type)*	Date of Birth

☐ This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care.

Signature of Examining Physician/Physician's Assistant/Advanced Practice 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

Diseases for Immunization	**PHYSICIAN /PHYSICIAN'S ASSISTANT/ADVANCED PRACTICE NURSE/CERTIFIED NURSE PRACTITIONER COMPLETES** *check all that apply for each disease*		
	Immunized	**In Process of Immunization**	**Medically Contraindicated/ Not Age Appropriate**
Chicken pox	☐	☐	☐
Diphtheria	☐	☐	☐
Haemophilus influenzae type b	☐	☐	☐
Hepatitis A	☐	☐	☐
Hepatitis B	☐	☐	☐
Influenza ☐ Seasonal Vaccine Not Available	☐	☐	☐
Measles	☐	☐	☐
Mumps	☐	☐	☐
Pertussis	☐	☐	☐
Pneumococcal disease	☐	☐	☐
Poliomyelitis	☐	☐	☐
Rotavirus	☐	☐	☐
Rubella	☐	☐	☐
Tetanus	☐	☐	☐

☐ I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code. Initial beside the disease(s) being declined above and sign below.

Signature of Parent	Date of Signature

Recommended Assessments/Screenings			
Vision	☐ Yes ☐ No	Lead	☐ Yes ☐ No
Hearing	☐ Yes ☐ No	Hemoglobin	☐ Yes ☐ No
Dental	☐ Yes ☐ No	Other	

Measurements:		**Notes:**
Height		
Weight		
BMI		

Child's Play Learning Center, Inc.

Financial Agreement

I am the parent or legal guardian of _____.

This agreement is an acknowledgement of my rights and responsibilities as a parent/legal guardian of the above named child/children, who is/are enrolled at Child's Play Learning Center, Inc. I have and agree to abide by the guidelines and policies set forth in the Parent Handbook.

The tuition agreed upon herein will be in effect until a new contract is signed by me. I understand that tuition is due no later **Friday morning by 10 A.M.** Payments are due on a two week payment schedule or on the last Friday of each month- payment schedule attached. If my account is not current as of 10 A.M. on a Friday when payment is due, there will be a late charge of $35.00. I understand that if my tuition is unpaid for two (2) weeks, my child will be excluded from attending Child's Play Learning Center, Inc. and this contract will be cancelled. I also understand that there will be a $35.00 fee charged for each returned check. If my child is disenrolled by the center, for any reason this contract is considered cancelled.

I understand that there is a $60.00 per child or $100.00 family registration fee due upon enrollment. This fee is NON-REFUNDABLE and due yearly by March 15. Tuition payments may be made by cash, check or money order. Receipts given upon request.

If my child is not picked up by the contracted time from the Center, I will pay the required late fee of $7.00 for every fifteen minutes or fraction thereof per child.

If my child is a Kindergartener or Schoolager, I understand that there are additional fees noted on the Tuition Rate Sheet for early dismissals, delays, and days off from public school. Transportation fees of $1.50 per way are also charged when applicable as well as summer field trip fees.

I understand that the following are my financial responsibilities:

___Late fee of $35 if tuition not paid by 10 AM on date due
___Bi-weekly or monthly payments
___Yearly registration fee due upon enrollment and yearly by March 15th ($60 per child or $100 per family)
___Late fees if not picked up by contracted time ($7 for every 15 minutes or fraction thereof per child)
___Transportation fees if child is transported by center transportation (Set amount based on contracted days of attendance)
___Field trip fees in summer (Amounts vary and must be paid in advance)

_____ _____ to _____ _____

Weekly Tuition Amt. **Daily Hours** **Days Attending**

*Not to exceed 10 hours daily

Applicable Additional Schoolager Fees: **Transportation: _____/wk**
Summer field trips (Amounts vary)
Days off public school ($30/day)
Delays/Early dismissals ($10/hour)

_____ _____

Parent/Guardian Signature **Date**

_____ _____ _____

Enrollment Date **Administrator's Signature** **Date**