Ohio Department of Children and Youth

CHILD ENROLLMENT FORM FOR EARLY CARE AND EDUCATION PROGRAMS

Parents: Complete this form or an electronic version in its entirety prior to the child's first day of attendance, review annually, and update as needed. The program may supplement or substitute this document with their own content equivalent form and request additional information from the parent/guardian.

Child's Name		Date of Birth	First Day at Program
Address			
City		State	Zip Code
Parent #1 Name		Parent #1 Phone Number	
Parent #1 Address ☐Same as Child's		City	State / Zip Code
Parent #1 Email Address (if applicable)		Parent #1 Cell Phone (if applicable)	
Parent #1 Work/School Name (if applicable)		Parent #1 Work/School Phone Number (if applicable)	
Check here if Not Applicable ☐	Parent #2 Name	Parent #2 Phone Number	
Parent #2 Address ☐Same as Child's		City	State / Zip Code
Parent #2 Email Address (if applicable)		Parent #2 Cell Phone (if applicable)	
Parent #2 Work/School Name (if applicable)		Parent #2 Work/School Phone Number (if applicable)	
Primary Emergency Contact #1 Name (cannot be parent/guardian)		Check here if Not Applicable ☐	Optional Emergency Contact #2 Name (cannot be parent/guardian)
Primary Emergency Contact #1 Phone Number		Optional Emergency Contact #2 Phone Number	
Primary Emergency Contact #1 Other number or email address for emergency contact *(if applicable)*		Optional Emergency Contact #2 Other number or email address for emergency contact *(if applicable)*	
My child may be released to this emergency contact ☐ Yes ☐ No		Optional My child may be released to this emergency contact ☐ Yes ☐ No	

Does your child have a chronic health condition or diagnosis that requires the program to: observe or monitor symptoms, administer medication, serve medical foods, perform medical procedures, avoid specific foods/environmental conditions/activities, or allow a school age child to carry and administer their own medication?

☐ Yes (complete or provide a Health Care Plan, documentation from a licensed physician, or an electronic equivalent)
☐ No

Child's Name	Date of Birth

Information on my child's development: (personal, behavior, patterns, habits, and individual needs, etc.)

☐ N/A

The following accommodation(s) may be helpful to most effectively meet my child's needs while at the program:

☐ N/A

My child will receive specialized/individual services at the program:

☐ Yes
☐ No

Name of service provider(s) and frequency

☐ N/A

Emergency Transportation Authorization

☐ **The program 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.

☐ **The program 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:

SIGNATURE

This form should be reviewed 12 months from the date the parent acknowledges accuracy and receipt of policies and procedures.

Parent Acknowledgement of Accuracy and Receipt of Policies and Procedures

By signing this form, I attest that the information is accurate and that I have reviewed and received a copy of the program's policies and procedures (parent handbook).

Parent Signature	Date

Program Acknowledgement of Completion

By signing this form, I attest that I have reviewed for completeness and that this form has been signed by the parent/guardian. This form is to be completed prior to the child receiving care.

Program Administrator/Designee Signature			Date
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

Child's Name _____

FAITH PRESCHOOL RELEASE

I hereby give my consent for my child to be released to:
(Please include anyone who may be picking up your child, including parents).

1. Parent/Guardian _____
2. Parent/Guardian _____
3. _____
4. _____
5. _____
6. _____
7. _____

- Must show driver's license/ID if we do not recognize the individuals listed above.
- Must be 18 years old to pick up your child.
- If there is someone specific your child is NOT allowed to go with at all, under any circumstance, please list the names: _____. PLEASE DISCUSS THE SITUATION WITH THE TEACHER AND DIRECTOR.

FAITH PRESCHOOL POLICIES

By providing my initial I agree that I have read and will abide the following documents:
Handbook can be found on our website www.faithpreschool.com, go to "Registration", "Forms" and then "Handbook."

_____ Faith Preschool Handbook

_____ Faith Preschool Policies and Procedures (5101:2-12-30,OAC)

Licensing Information, Center Program Information, Guidance and Management Policy, Supervision of Children Information, Food Information, procedures for Emergencies and Accidents Management of Illness, Transportation of Children, Swimming Policy (if applicable), Outdoor Play Policy, Parent Participation Policy, Evening/Overnight Care information (if applicable), Fees, Overtime Charges, Registration, Permanent Withdraw information, Enrollment and Health information that is required for admission, Additional Center Policies (if applicable), Faith Preschool Handbook

Equipment and Activities (please initial to give permission.)

_____ I give permission for my child to use all the play equipment and participate in all the activities of the school.

_____ I give permission for my child to participate in activities in the church parlor, church kitchen and church sanctuary.

FAITH PRESCHOOL PICTURE PERMISSION

I give permission for my child's picture to be used on our app for preschool communication only.
Yes **No**

Initial the option that best fits your family:

____ I give permission for my child's picture to appear on the preschool website, Facebook page, and any other publications by Faith Preschool.

____ I give permission for my child's picture to be taken for **classroom projects only**. Please **DO NOT USE** on preschool website, Facebook page and any other publications by Faith Preschool.

____ I **DO NOT** give permission for my child's picture to be taken. Please **DO NOT USE** in classroom or on preschool website, Facebook page or any other publications by Faith Preschool

****If you change your mind about your selection, please speak with Director in person.**

VIDEO OBSERVATION CONSENT

We strive at Faith Preschool to help your child become equipped with the skills they need to be successful in their transition to kindergarten. Please read the options below and mark the box that best fits your family. Please know that your child's wellbeing is our top priority. Thank you for your help!

CONSENT TO HAVE CLASSROOM LESSON(S) VIDEOTAPED:
(check one)

- Option 1: Formative permissions only – video to be used for evaluative or individual coaching; not to be shared outside of the observational relationship.
- Option 2: Broad or universal-use – can be used by the district to coach other teachers or observers; or
- Option 3: No permission to be videotaped.

Parent/Guardian Signature: _____

Date: _____

- **Proof of Immunization needed 30 days from the start of school.**
- If your child requires a medical plan or medication while at school, you will need to fill out the Health **Care Plan Documentation & Permission to Administer Medication Form (DCY 01236)**

Reset Form

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