

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 <u>cannot be listed</u> 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 <u>cannot be reached</u>. 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		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	Do Not Give <u>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.

PETTISVILLE CHRISTIAN PRESCHOOL
"2022 - 2023" CHILD ENROLLMENT INFORMATION

CHILD'S NAME _____ DATE OF BIRTH: _____

List the names of family members currently living at home.

	<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

FAMILY AND SOCIAL HISTORY

Does your child have a nick name? Yes, or No If "yes" _____

By which name would you like us to refer to him or her by? _____

Church Affiliation: (Optional) _____

I plan to email the weekly newsletter to parents and any additional individuals that you would like to receive our weekly newsletters. I highly recommend that you include anyone who will be dropping your child off on a regular basis be added to the list for receiving the weekly newsletters. who I have email addresses.

Mother's e-mail address: _____

Father's e-mail address: _____

Additional email address: _____

What time does your child go to bed? _____

Does your child have a favorite blanket or item that provides him or her with added security or comfort? Yes, or No List what it is.

Does your child have any fears that you know of? Yes, or No

If so, what are the fears and how can we best handle a situation these fears of his or her fears were to occur while your child is at preschool? _____

What method of behavior management (discipline) is used in your home? _____

How would you best describe your child's personality? _____

Are there any particular needs that you might care to share with us at this time concerning your son or daughter? _____

IF YOU ARE DIVORCED: Is there a written custody agreement concerning your child, the staff at the preschool needs to be aware of? Yes _____ No _____
We will need a copy of legal documentation informing us as to which parent has custody of the child enrolled in our preschool.

T-shirt size- cost was included in registration fee. Circle size: XS S M

"One Call Now" Delays & Cancellations Preferred Phone/Text Numbers: _____

Pettisville Christian Preschool staff members have permission to release my child to the following individuals.

LIST THE NAMES AND PHONES NUMBERS OF INDIVIDUALS WHOM WE ARE ALLOWED TO RELEASE YOUR CHILD TO:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

DO NOT RELEASE MY CHILD TO THE FOLLOWING INDIVIDUALS: LIST THE NAME OR NAMES OF INDIVIDUALS WE ARE NOT ALLOWED TO RELEASE YOUR CHILD TO:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

SIGNATURE OF PARENT OR GUARDIAN:

_____ DATE: _____, 2022

**ROUTINE FIELD TRIP PERMISSION SLIP FOR PETTISVILLE
CHRISTIAN PRESCHOOLERS TO USE VARIOUS LOCATIONS
INSIDE AND OUTSIDE THE PROPERTY OWNED BY
PETTISVILLE MISSIONARY CHURCH**

CHILD'S NAME _____

DATE OF PERMISSION: **AUGUST 29, 2022 – May 5, 2023** (Valid for 1 school year)

TIME/DATES OF ROUTINE TRIP: No set times or dates

ROUTINE TRIP DESTINATIONS: I grant permission for my child to participate in all of Pettisville Christian Preschool activities that take place on the property owned by Pettisville Missionary Church, which takes place between the following dates: August 29, 2022 through May 5, 2023. The areas included, but not limited to:

-
1. Large Open Hallway -- South of the Expanse (PMC's Youth Area)
 2. The Expanse, (PMC'S Youth Area)
 3. Light House Cove Area, (PMC's Children Ministries Area)
 4. Church Auditorium / Gymnasium
 5. Classroom located just south of the Preschool Office.
 6. Outdoor Playground area - Fenced in Playground
 7. Lawn - Yard areas
 8. Designated Tornado – severe weather room
-

Parent's Signature: _____ Date: _____, 2022

**PETTISVILLE CHRISTIAN PRESCHOOL
PETTISVILLE MISSIONARY CHURCH
Photography Consent Form/Release**

I or we (print adult names) _____,
_____, hereby grant permission to Pettisville
Christian Preschool and Pettiville Missionary Church, Pettisville, Ohio, to take and
use photographs and/or images and videos for use in the weekly newsletters and
any other publications or promotions and/or on the PMC's web site of your child.
I understand that my child's name will not be included with the picture/pictures.

_____, 2022 _____
(Parent's Signature) Date (Phone Number)

_____, 2022 _____
(Parent's Signature) Date (Phone Number)

PETTISVILLE MISSIONARY CHURCH
Pettisville Christian Preschool
19055 County Road D
Archbold, OH 43502
419-445-7186

GENERAL LIABILITY RELEASE

In consideration for being accepted by Pettisville Missionary Church for participation in the Pettisville Christian Preschool program, _____ (collectively "Parents") for themselves and their heirs, successors and assigns, hereby waive, release, acquit, and forever discharge Pettisville Christian Preschool, (the "Childcare Provider") and its respective directors, shareholders, agents, partners, employees attorneys, heirs, successors, and assigns (collectively, the "Releases"), from any and all claims, actions, complaints, grievances, and whether known or unknown, which exist or may exist on Parents or Parents' child(ren) behalf against the Releases as of the date of this Release and which can be brought in any court, for claims arising from circumstances beyond the Childcare Provider's reasonable control including, but not limited to, the following events: (i) acts of God; (ii) flood, fire, earthquake, explosions, meteor strike, tornados, epidemics, pandemics, or quarantines; (iii) exposure to or contraction of illness; (iv) war, invasion, hostilities, terrorist threats or acts, riots or other civil unrest, or cyber attacks; (v) government order, law, actions or restrictions whether valid or invalid; (vi) national or regional emergency; (vii) shortage of materials, infrastructure, or transportation; (viii) strikes; labor difficulties, slowdowns; or (ix) any other events or circumstances beyond the reasonable control of Childcare Provider.

We as the parents or legal guardian (s) of this preschooler, hereby grant permission for my child to participate fully in said preschool program and any field trips.

We hereby give our (my) permission to take our child (preschooler) to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or other medical treatment and the parents or guardian(s) and will assume/or be held responsible for all medical costs, if any.

This General Liability Release shall be construed and interpreted in accordance with the internal laws of the State of Ohio, without regard to conflicts of law provisions.

For your child to attend Pettisville Christian Preschool, this liability form must be signed and dated by the parents or guardian (s) of the preschoolers.

IN WITNESS WHEREOF, the parties have caused this General Liability Release to be executed as of the ____ day of _____, 20 ____.

CHILDCARE PROVIDER:
PETTISVILLE CHRISTIAN PRESCHOOL
PETTISVILLD MISSIONARY CHURCH
By: Diane Colon
Its: Preschool Administrator

PARENT/ GUARDIAN:
Signature: _____

PARENT / GUARDIAN:
Signature _____

Hospital Insurance _____ yes _____ no

Insurance Company _____

Policy Number _____

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
Notes:	Lead _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	Hemoglobin _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	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