



# SALEM CHRISTIAN ACADEMY LLC

## PRESCHOOL

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### 2021-2022 Registration Checklist

- \_\_\_ Attend a Prospective Parent/Child Interview
- \_\_\_ Request preferred session. (Refer to Session Lists)
- \_\_\_ Payment Plan Form will be provided at time of Registration  
- Must be Returned to complete Registration process.
- \_\_\_ Child Enrollment and Health Information for Childcare (ODJFS 01234)
- \_\_\_ Permission to Pick Up Form
- \_\_\_ \$150 Registration fee

### Additional Items Required to start class

(Email reminder in July)

You will receive required forms below at time of Registration or available online

- Please bring below completed forms to

Meet & Greet August 9 & 10, 3:00 - 5:15

- \_\_\_ Routine Trips, Photo Permission and Handbook Acceptance Form  
- Last page of Parent Handbook
- \_\_\_ Child Medical Statement (ODJFS 01305) (current dated)  
- With Child Immunization Records attached  
(If ANY declined requires: items listed/noted, reason, signature/date/check box)
- \_\_\_ \* Child Medical/Physical Care Plan Form (ODJFS 01236): Rescue Meds. Only!  
- Bring completed form to parent medical training August 5 appt.
- \_\_\_ \* Request for Administration of Medication (ODJFS 01217)  
- Bring completed form to parent medical training August 5 appt.  
- Parent training of all staff scheduled and required August 5, 4-5:15
- \_\_\_ \* Custody Agreement

*\*Only if required.*



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## PRESCHOOL

### 2021-2022 Sessions List

#### Preschool 3's

– Must be at least 3 yrs. old by June 30th –

Days	Time	10 Monthly Payments	One-Time Fees
Tuesday, Thursday	8:30am-11:30am	\$145	Registration: \$150 Activity: \$20
Monday, Wednesday, Friday	8:30am-11:30am	\$180	Registration: \$150 Activity: \$20
Monday - Friday	8:30am-11:30am	\$315	Registration: \$150 Activity: \$20

#### Pre-K 4's and 5's

– Must be at least 4 yrs. old by September 30th –

Days	Time	10 Monthly Payments	One-Time Fees
Tuesday, Thursday	8:30am-12:15pm	\$160	Registration: \$150 Activity: \$20
Monday, Wednesday, Friday	8:30am-11:30am	\$170	Registration: \$150 Activity: \$20
Monday - Friday	MWF: 8:30am-11:30am T/TH: 8:30am-12:15pm	\$310	Registration: \$150 Activity: \$20

#### Extended Session 3:30 Dismissal

Days	Time	10 Monthly Payments	One-Time Fees
Tuesday, Thursday	7:30am-3:30pm	\$270	Registration: \$150 Activity: \$20
Monday, Wednesday, Friday	7:30am-3:30pm	\$355	Registration: \$150 Activity: \$20
Monday - Friday	7:30am-3:30pm	\$575	Registration: \$150 Activity: \$20

#### Extended Session 5:00 Dismissal

Days	Time	10 Monthly Payments	One-Time Fees
Tuesday, Thursday	7:30am-5:00pm	\$305	Registration: \$150 Activity: \$20
Monday, Wednesday, Friday	7:30am-5:00pm	\$410	Registration: \$150 Activity: \$20
Monday - Friday	7:30am-5:00pm	\$690	Registration: \$150 Activity: \$20

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			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. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, please indicate which number(s) 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			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. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, please indicate which number(s) 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?				
<b>Emergency Contacts:</b> Parents <b>cannot be listed</b> 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 <b>if you cannot be reached</b> . 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 family child care 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, 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 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**

<b>Give <u>Permission</u> to Transport</b>	<b>OR</b>  <b>Do not sign both</b>	<b>Do Not Give <u>Permission</u> to Transport</b>
Program or Home Name		Program or Home Name XX
<b>has permission</b> 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.		<b>does not have permission</b> 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 _____ XX

**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 and 5101:2-13-15. 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.



# Permission to Pick-Up Form

Please list at least four persons (other than parents/legal guardians) who have blanket (unrestricted) permission to take your child from the premises of Salem Christian Academy Preschool. For convenient release, we ask that a signed and dated written note be given to teachers advising of any pick-up changes other than parents/legal guardians, even if those names appear on your approved list. Please also inform pick-up persons that they may be required to show identification at time of dismissal. Thank you.

*(Please Print)*

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Mother/Guardian's Cell: \_\_\_\_\_ Father/Guardian's Cell: \_\_\_\_\_

Mother/Guardian's Work: \_\_\_\_\_ Father/Guardian's Work: \_\_\_\_\_

The following persons have blanket permission to take my child from Salem Christian Academy Preschool at any time, with or without prior notification:

**Name of Pick-Up Person:**

**Relationship to Child:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Mother/Guardian's Printed Name: \_\_\_\_\_

Mother/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian's Printed Name: \_\_\_\_\_

Father/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_