



SALEM CHRISTIAN

A C A D E M Y LLC

PRESCHOOL

6500 Southway Road
P.O. Box 309
Clayton, OH 45315

Phone: 937-832-2711
Fax: 937-836-7630
Email: SCAPreschool1978@gmail.com
Web: www.SalemChristianAcademy.com

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 5 & 6 1:30 - 5:15

- ___ Routine Trips, Photo Permission and Handbook Acceptance Form
- Last page of Parent Handbook
- ___ Child Medical Statement (ODJFS 01305)
-With Child Immunization Records attached
(current dated)
- ___ * Child Medical/Physical Care Plan Form (ODJFS 01236): Rescue Meds. Only!
- Bring completed form to parent medical training August 3 or 4 appt.
- ___ * Request for Administration of Medication (ODJFS 01217)
- Bring completed form to parent medical training August 3 or 4 appt.
- Parent training of all staff scheduled and required 8/3 or 8/4, 4-5:15
- ___ * Custody Agreement

**Only if required.*