



**DO NOT PRINT THE PACKET 2-SIDED PLEASE!**

LITTLE HEARTS PRESCHOOL  
7904 Princeton Rd.  
Liberty Township, OH 45044  
513-759-8430 Fax 513-759-8436

## **ENROLLMENT PACKET CHECKLIST 2025-2026 School Year**

Please complete the following check list and attach completed forms and other requested information. **THIS ENTIRE PACKET MUST BE COMPLETED PRIOR TO THE FIRST DAY OF ATTENDANCE. YOUR CHILD WILL NOT BE PERMITTED TO ATTEND SCHOOL UNTIL WE HAVE ALL NECESSARY FORMS AND INFORMATION ON FILE.**

**Please print the following forms, fill them out and bring with you to packet drop-off days.**

**Please print the forms 1-sided.**

\_\_\_ Child Enrollment and Health Form (ODJFS form 01234, 4 pages, form must be dated Rev.10/2021)

\_\_\_ Child's Medical Statement (ODJFS form 01305, must be completed by physician and have immunization records attached, form must be dated Rev. 10/2021)

\_\_\_ Routine Trip Permission for Child Care Form

\_\_\_ Pick-Up Authorization Form

\_\_\_ Student Background Information Form (2 pages)

\_\_\_ \*Additional medical forms for special medical conditions and/or medicine to be kept on site (not included in this packet but must be provided if your child has ANY special medical conditions and/or ANY medicine to be kept on site. A link to these forms is provided on our website.) You will need to meet with Beth at packet drop off.

\_\_\_ \*Court Ordered Custody Agreement signed by judge (not included in packet but must be provided if there is a custody or shared parenting agreement currently in place for child being enrolled)

\_\_\_ Agreement Between Parent & Little Hearts Preschool

\_\_\_ Photography Release Form

\_\_\_ Front Door Drop Off/Pick Up Procedures and Reminders

\_\_\_ Child Guidance and Behavior Policy

**Other important information – Tuition, supply fee and t-shirt payments must be made through Brightwheel beginning August 1, 2025**

\_\_\_ \*First month's tuition (2 days: \$190, 3 days: \$225, 4 days: \$240)

\_\_\_ \*Supply fee (2 days: \$50, 3 days: \$60, 4 days: \$70)

\_\_\_ T-shirt order form and payment (optional)

\_\_\_ Children's Theatre Season Ticket Order Form (optional for ages 3 and up; theatre does not allow children younger than 3 years old into their performances; pay in cash only separately; form available at packet drop off)

**\*These items are NOT included in this packet but are still necessary for enrollment if applicable.**

*"Growing in the grace and knowledge of our Lord and Savior Jesus Christ."*  
2 Peter 3:18

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?					
<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 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	
Telephone Number		Relationship to Child		Telephone Number	
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

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
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### Diapering Statement

Is your child toilet trained? <input type="checkbox"/> Yes <i>(If yes, skip to Emergency Transportation Authorization section)</i> <input type="checkbox"/> No <i>(If no, fill out the following:)</i>	
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:	
<input type="checkbox"/> I agree with the program's schedule	<input type="checkbox"/> I do not agree, please check my child's diaper every ____ hours.

### Emergency Transportation Authorization

Give <u>Permission</u> to Transport	OR	Do Not Give <u>Permission</u> to Transport
Program or Home Name		Program or Home Name
<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:
<div style="display: flex; justify-content: space-between;"> <span>Parent's Signature</span> <span>Date</span> </div>		<div style="display: flex; justify-content: space-between;"> <span>Parent's Signature</span> <span>Date</span> </div>

### 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.

Ohio Department of Job and Family Services  
**CHILD MEDICAL STATEMENT FOR CHILD CARE**

Child's Name ( <i>print or type</i> )	Date of Birth
<b>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):</b>	
<b>Section A- EXAMINATION</b>	
√ 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 _____	Lead _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
BMI _____	Hearing _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	Dental _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	
Notes:	
<b>Signature of Examining Health Care Practitioner</b>	
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.**

<b>IMMUNIZATION (Complete ONLY ONE SECTION below)</b>	
<b>Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases:</b>	
Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.	
<b>Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER:</b>	<b>Initials of Examining Health Care Practitioner</b>
<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
<b>Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S):</b>	<b>Signature of Parent</b>
<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

Ohio Department of Job and Family Services  
**ROUTINE TRIP PERMISSION FOR CHILD CARE**

<b>Routine Trip Information</b>	
Routine Trip Destination(s)	
Date of Permission <i>(valid for one year)</i>	
Mode of Transportation <i>(walking, school bus, public transportation, parent vehicles, provider vehicle and driver)</i>	
During this trip children will have access to water that is 18 inches or more in depth. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, a swimming permission slip is required)</i>	
<b>Child's Information</b>	
Child's Name	
My child is <input type="checkbox"/> not over 4 years and/or 40 lbs <input type="checkbox"/> over 4 years and 40 lbs <input type="checkbox"/> 8 years and/or over 4' 9"	
<b>Signature</b>	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date



## Little Hearts Preschool Pick-Up Authorization Form 2025-2026

Please complete the following form completely. In the event that someone other than those listed on this form needs to pick up your child, you must send a written note or email and the person will be asked to show a picture ID or have your child's car tag.

**Child's Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**The above child may be released from "Little Hearts Preschool" to the following person(s):**

**Mother:** \_\_\_\_\_ Yes \_\_\_ **No** \_\_\_ Legal Custody or Shared Parenting: Yes \_\_\_ **No** \_\_\_  
(Complete below if NO is checked)

**Father:** \_\_\_\_\_ Yes \_\_\_ **No** \_\_\_ Legal Custody or Shared Parenting: Yes \_\_\_ **No** \_\_\_  
(Complete below if NO is checked)

- If "No" is checked above, please fill-in the following two blanks:  
**Explanation of custody:** (A copy of the custody order signed by the judge must be provided BEFORE the child's first day of preschool.)  
\_\_\_\_\_

- **Residential/Custodial Parent:** \_\_\_\_\_

Please list **AT LEAST TWO (2)** other adults who have permission to pick-up your child from the Little Hearts Preschool Program.

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

Is there anyone who is **NOT** permitted to pick up your child?

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Office Use ONLY:** If there are people not permitted to pick this child up, will the child participate in front door drive through pick up? Yes \_\_\_ **No** \_\_\_  
**If No, do NOT make car tags.**





# Little Hearts Preschool

## Student Background Information

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

Date of Birth: \_\_\_\_\_ Gender: M/F (circle one)

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Email: \_\_\_\_\_

Siblings and their ages: \_\_\_\_\_

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What language is spoken in your home? \_\_\_\_\_

How many languages does your child know? \_\_\_\_\_

Has your child learned these languages at the same time? Y/N

What experience has your child had with English? \_\_\_\_\_

Is this your child's first preschool experience? \_\_\_\_\_ If no, what is their experience? \_\_\_\_\_

Is child toilet trained? Y/N Describe assistance needed and words used: \_\_\_\_\_

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Does your child have specific fears? Y/N \_\_\_\_\_

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Does your child have vision or hearing problems? Y/N If so, please explain:

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Does your child have health problems that we should be aware of? Y/N

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Does your child have any allergies? Y/N \_\_\_\_\_

Does your child require rescue medication? Y/N \_\_\_\_\_

Does your child have any special medical, physical or emotional needs that the school should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns about any aspect of your child's development?

\_\_\_\_\_  
\_\_\_\_\_

Does your child play well alone? \_\_\_\_\_ In groups? \_\_\_\_\_

Does your child accept corrections easily? \_\_\_\_\_

What is the method of behavior control used in your home? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any foods or drinks your child should not have? \_\_\_\_\_

Please circle items below that describe your child:

Happy	Aggressive	Friendly	Moody	Clumsy
Dependent	Stubborn	Impulsive	Fearful	Quiet
Good Natured	Attentive	Sympathetic	Shy	Even Tempered

Other: \_\_\_\_\_

Has your child learned:

Potty Trained? Y/N   Some self-help skills Y/N   Follow simple directions? Y/N

Sit for meals? Y/N   Separate from parent Y/N   Sit for: 1, 2, 3, 4, or 5 minutes

Sit for a story? Y/N   Communicate feelings? Y/N   Control emotions? Y/N

Please list 2 goals that you have for your child for this school year:

1 Academic Goal \_\_\_\_\_

1 Social Goal \_\_\_\_\_



# AGREEMENT BETWEEN PARENT AND LITTLE HEARTS PRESCHOOL

The following terms and conditions involved in the care of \_\_\_\_\_ (child's name) are understood and agreed upon between \_\_\_\_\_ (Parent's/Guardian's name) and Little Hearts Preschool referred to hereafter as "Program."

The program agrees that:

1. The Program will provide your child with a valuable learning experience.
2. The Program will provide excellent care and judgment in all matters related to the welfare and safety of the child.
3. In addition to physical care, the Program will provide the child with emotional, social, spiritual and mental development opportunities in a group situation.
4. The Program will not release the child to anyone other than the parent or guardian unless there is written permission from the parent or guardian.
5. In case of an accident or illness, the teacher will promptly take such reasonable measures as are in her judgment, in the best interest of the child, and will notify the parents as soon as possible.
6. The teacher will examine the children daily for symptoms of contagious diseases or illnesses. If a child has a fever or other symptoms, he/she will not be permitted to return to the Program until free of fever or symptoms for 24 hours without the aid of fever reducing medication.
7. The Program will give written notice, within 24 hours of exposure, to the parents of any known exposure to a communicable disease.
8. The Program will provide toys and equipment in sufficient quantity to allow for a variety of play and learning activities during the day.
9. The Program will not be responsible for items brought to school by their child.

The Parent agrees that:

1. The parent will pay the tuition as follows: tuition is divided into monthly payments. The parent will pay the Program in advance on the **first (1st) school day of every month** for regular care given to the above child. Tuition is paid by the month based on a yearly fee. Responsibility for payment on time is that of the parent or guardian who signs this entrance agreement form. A late tuition fee of **\$25.00** per child enrolled will be charged if payment is received **after the fifth (5th) of the month**. If an acceptable arrangement for payment has not been made upon payment due date the contract for services to the child may be terminated. **The child may not attend school after the 5<sup>th</sup> of the month if tuition is not paid.**
2. All tuition payments are **required** to be paid with a saved credit card or checking account (ACH) through your family's Brightwheel account. **Little Hearts Preschool will no longer accept checks or cash as payments towards tuition.** Credit card and ACH fees will apply. The fee for credit cards is 2.95% per family transaction. The ACH fee is 0.6% per family transaction. **(Minimum of .25 and a maximum of \$2.00 per family transaction)**

3. The parent will give Little Hearts Preschool a 30-day notice when the child is to be withdrawn.
4. The parent will not violate the hours of care agreed upon. A late charge of **\$1.00 per minute per** child will be charged after the designated pick-up time. **The late fee must be paid in cash, to the office, by the next day the child is in attendance.**
5. The parent will provide their child with a snack for each day they attend LHP. If a parent does not provide a snack, LHP will provide your child a snack for a charge of **\$2.00** per occurrence. **The snack fee must be paid in cash, to the office, by the next day the child is in attendance.**
6. If the child is ill and unable to participate in regular classroom or playground activities, he/she will remain at home until his/her condition improves. Children with temperatures above 100 degrees, diarrhea, vomiting, or other symptoms of illness will not be brought to the Program. If the child becomes ill at the Program, the parent will be notified and will come for their child as soon as they are contacted or within 30 minutes of being contacted.
7. In case of illness or accident, when a parent cannot be contacted by the Program and in judgment of the teacher the illness or accident requires a physician, the children's physician listed on the Child Enrollment and Health Information Form may be called at the parent's expense. **The parent is responsible for updating addresses and phone numbers when changes occur.**
8. In the event that a child has a contagious illness, the parent will notify the Program. The child will not be allowed to return until all danger of contagion has passed. A release form from the doctor may be required.
9. In all emergencies, the Program has permission to take such reasonable measures as are, in the judgment of the teacher, necessary for the welfare and safety of the child.
10. The Program reserves the right, after evaluation and conference with the parent, of dismissing any child if after entering, he/she is unable to participate in group experiences.
11. Liability for the acts of the child while under care of the Program is the parent's responsibility.
12. The Program is not liable for accidents occurring to the child while he/she is in its care, unless it can be proved that the accident was a direct result of the teacher's negligence.

**Both parties, Little Hearts Preschool and the Parent understand and agree that:**

1. This agreement is a contract binding for both operator and parent.
2. Either the parent of the Program upon notification of intention may terminate the contract with a 30-day advance notice, or at a time by mutual agreement of both parties.

I have read and understood the Little Hearts Preschool Parent Handbook and Parent/Program Agreement.

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(Authorized Signature of Program)

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(Signature of Parent or Guardian)

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(Date)

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(Date)

## **UPDATED PHOTOGRAPHY RELEASE FORM**

### **PLEASE CHOOSE ONE**

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_ hereby authorize and consent to the use of his/her visual image by Little Hearts Preschool for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications and websites. I give this consent with no claim for payment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**OR**

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_ hereby **DO NOT** authorize or give consent to the use of his/her visual image by Little Hearts Preschool for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications and websites **EXCEPT for use on Brightwheel**. I give this consent with no claim for payment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**OR**

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_ hereby **DO NOT** authorize or give consent to the use of his/her visual image by Little Hearts Preschool for any purpose. This includes but is not limited to: still photography, videotape, electronic and print publications and websites including **Brightwheel**.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Drop Off/Pick Up

## 2025-2026 Policy, Procedures & Reminders

Please be sure to share the following information with EVERYONE who will be dropping off/picking your child.

All children are to remain with an adult at all times.

This is a safety issue and a state licensing rule.

Thank you in advance for your cooperation.

- **General Information:**

- It is very common and normal for preschool-aged children to have separation anxiety when being separated from parents/caregivers. If there are tears, especially at first, they usually subside very quickly. If your child does have separation anxiety at drop off, the best thing to do is to make your goodbye quick, reassure the child that he/she will have fun and let him/her know you will be back soon. We will notify you if your child does not calm down by the time the students have been taken to their classrooms (or within a reasonable period of time).
- **Security tags (Car and Backpack Tags):**
  - During Meet the Teacher you will receive 2 car tags and 1 backpack tag. The teacher will attach the backpack tag to your child's backpack. This must remain on the backpack at all times. You must show a car tag at pick-up or an appropriate photo ID. The actual ID must be shown not a photograph.
- **Specials:**
  - If your child participates in a "Specials" class and your child attends the morning session, you will walk in to pick up your child at 1pm. If your child is in the afternoon session you will walk in at **11:50PM** to drop off to a "Specials" teacher/coach.
- **Late Arrival:**
  - If you arrive late, please walk your child to the preschool office area and an office staff member will assist your child to his/her class. Parents will not be allowed to take their child to the classroom.

• **Safety Information: Please use caution when driving in and around our parking lot. Please drive slowly!**

- **Walk-In Drop Off and Pick Up**

- **If your child is in one of the Younger 2's (Puppies), 2's (Ducklings) or Older 2's (Monkeys) classes:**
  - Please park in a designated spot and come in door #7 to drop off/pick up your child from his/her classroom.
  - The doors to the preschool wing will open for drop off at **9:15AM** and at **11:55AM** for pick up. For the afternoon session, the preschool wing door will open for drop of at **12:50PM** and **3:25PM** for pick up.
  - **LHP issued Car Tag or Photo ID** is required every day during pick up.
- **If your child is in 3's, 4's and 5's classes:**
  - Please park in a designated spot and come in door #7 to drop off/pick up at the **Yellow** rope in the Ministry Mall. A staff member will escort your child to the assigned spot to sit with his/her class until drop off is over.
  - **At Drop Off** – hand off your child to a staff member working at the **Yellow** rope.
  - **At Pick Up** – please sign in at the table by the **Yellow** rope. Students will be retrieved by a staff member in the order in which they are listed.
  - You will need to show your **LHP Car Tag or Photo ID** each day to pick up. **Hint: Car Tag is quicker!**
  - Please wait patiently outside of the **Yellow** rope for your child to be released to you.

- **Front Door Drop Off/Pick Up (CAR LINE)**

- **Safety Information: Please use caution when driving in and around our parking lot. Please drive slowly!**

- **Your child must be able to exit and enter the vehicle without "lifting" assistance from the LHP staff.**

- **We will not remove a child who is upset from your vehicle. You will have to park and walk your child into the Ministry Mall.**

- Please follow the carline route you received in the enrollment packet. This is for the safety of the students and parents who walk in for drop off.
- Once carline begins, please refrain from using your cell phone. This is a distraction!
- Students must keep all body parts inside of vehicle once vehicles start moving. This is not a parade!
- Students must be removed from the vehicle by an LHP staff member.
- Students must remain in vehicles while waiting in carline.
- Please have your student ready to exit your vehicle.

- **Students must exit or enter vehicles on the passenger's side.**
- **Parents must remain in their vehicles at all times.**
- **After your child has exited the vehicle and your child and staff member have moved away from the vehicle, please exit the drop off loop as quickly and as safely possible.**
- **Drop Off Procedures for Car Line – Child must be able to exit the vehicle without “lifting” assistance!**
  - **Morning drop off** - car line will be closed at 9:30AM. If a staff member, wearing a Yellow vest, is walking behind a vehicle, you will have to pull around and park at door #7 to walk your child into school.  
**At this point, car line is over!**
  - **Afternoon drop off** – car line will be closed at 1PM. If a staff member, wearing a Yellow vest, is walking behind a vehicle, you will have to pull around and park at door #7 to walk your child into school.  
**At this point, carline is over!**
  - Please also make sure that your child's backpack and any other belongings needed for school are within easy reach of the child or the staff member assisting the child out of the vehicle. All belongings need to be within easy reach so drop off can run smoothly and quickly.
- **Pick Up Procedures for Car Line – Child must be able to enter the vehicle without “lifting” assistance!**
  - **Car Tags** – Each family will receive 2 car tags at Meet the Teacher. During carline, your child's car tag should be displayed on the front passenger side window. The car tag needs to remain in place until your child has been placed in your vehicle. Please display car tags for each child you are picking up.
  - **Morning pick up** - will take place at 12:00PM for our morning session. **Cars must be in line at 12PM in order not to incur late pick up charges.**
  - **Afternoon pick up** – will take place at 3:30PM for our afternoon session. **Cars must be in line at 3:30PM in order to not incur late pick up charges.**
  - When your car pulls up, we will help your child get into the vehicle, but we are NOT permitted to buckle a child into his/her car seat or fasten his/her seatbelt (for liability reasons). **If your child needs assistance getting buckled or fastened in, we ask that you to pull your vehicle into an available parking space so you can help your child get buckled. Please do NOT get out of your car while you are still in line to buckle your child! Please do not pull off the drive and into the grassy area. This causes ruts in the grass.**
- **Additional Information:**
  - **What to do if you don't have your car tag:** You will have to park in a designated spot and walk in door #7 to pick up your child. You will have to show a photo ID at the rope, in order for your child to be released to you.
  - **What to do if your child doesn't have the backpack and/or backpack tag:** You will need to park and come in to pick up your child at the Yellow rope. You will present your Photo ID to the person working the rope and she will match you to the **Pick-Up Authorization Form**.
  - **What to do if you lose or need additional car tags:** We have issued 2 parent/guardian security cards for each child so 2 people who will normally be picking up your child can each have one. Please be sure to only give a parent/guardian security card to a person who has been placed on your child's release form. If your parent/guardian security card is lost or additional car tags are needed, you will need to notify the Director. It typically takes 1-2 preschool days to make and issue new/additional car tags. **Only LHP created and issued car tags are permitted. Handmade car tags or car tags issued in previous school years are not permitted.**
  - **Late pick up charge** - Our late pick up fee is \$1 per child for every minute past our dismissal time (12:00PM/3:30PM). **If an isolated, unforeseen circumstance arises in which you are going to be late picking up your child for preschool (car trouble/accident, illness, etc.), please call the preschool office ASAP.**
  - You, or whomever comes to pick your child up, should have a LHP security car tag card out and ready each day during pick up for the entire school year. In addition to checking the car tag, photo ID may also be requested and checked. We will only release children to people who have the child's LHP issued car tag. It is very important that parents do not give LHP issued car tags to anyone not listed on the child's Release Form. You can add people to your child's Release Form throughout the school year by sending in a written note signed by the parent or emailing the Director. Only a child's parents can add people to or delete people from the child's Release Form. Grandparents and other caregivers are not permitted to add people to or delete people from students' Release Forms unless they are a legal guardian or custodial parent.

**Drop Off/Pick Up  
Policy & Procedures Acknowledgement**

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**Please detach from previous pages, sign and return with your enrollment packet.**

I have read and understand the front door drop off/pick up procedures of Little Hearts Preschool.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent's Name Printed

\_\_\_\_\_  
Parent's Signature





# Little Hearts Preschool

## Child Guidance and Behavior Policy

### 2025-2026

Guiding behavior is part of the teaching and is the responsibility of all of our staff members. Some of the guiding techniques we use include, but are not limited to, setting clear limits; redirecting to an appropriate activity; showing positive alternatives; modeling desired behavior; encouraging children to control their own behavior; cooperate with others; solve problems by talking; and using Green instead of Red choices. Teaching Red and Green choices encourages the teacher and child to talk through the choices the child has made.

If the behavior doesn't improve, then separation from the situation shall last no more than 1 minute per each year of the child's age and shall not be used with children under two years of age. Upon the child's return to the activity, the teacher shall review the reason for the separation and discuss the expected behavior. If the child is in danger of hurting himself or others, he may be held for a short period of time, such as a protective hug, so that he may gain control.

If the child's behavior doesn't improve, using the guidance and discipline techniques, and/or is harmful to other students and/or Little Hearts Preschool staff then a conference will be scheduled with the parents/guardians, teachers and administrator. In consultation with the parents/guardians, LHP staff will implement a behavior management plan specific to the child. The plan may require a consultation and evaluation from an outside entity of the parents/guardians choosing or, depending on the behaviors exhibited, a recommendation from LHP staff. A time limit will be given for the completion of obtaining the evaluation and/or consultation. The plan will be in writing and signed by the parents/guardians and LHP staff. The plan will be consistent with the requirements of the ODJFS rule 5101:2-12-19 (listed in the back of this packet).

#### **If the recommendations are such as:**

1. The child would benefit from remaining in the program and having an aide (not the parent or other family member) – the parent/guardian will assume the financial responsibility. If an aide cannot be hired, then the parent/guardian will have to make other arrangements.
2. An outside entity, such as the child's school district, would service the child – LHP will cooperate and work with the entity to the best of our ability but in such a way as not to be an added burden to the classroom. **The parent must give permission for the school district to share the child's IEP and goals with the Director and teachers working with the child.**
3. There are no recommendations or diagnosis from the outside entity – the behavior management plan may need to be revised.
4. If the recommendation is to place the child in another program – LHP will not require the normal months' notice.

If after all of these steps have been exhausted and the behaviors have not improved, the child will be removed from the program.

I have read and understand the Child Guidance and Behavior Policy as documented on the previous page and in the Parent Handbook.

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Parent/Guardian Signature	Date
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Parent/Guardian Signature	Date
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**Updated**

## **Peanut-Free Snacks Policy**

**Little Hearts Preschool is a peanut-free preschool.**

**PLEASE ONLY PACK 1 SNACK FOR YOUR CHILD EACH DAY. CHILDREN WILL ONLY BE GIVEN 10 MINUTES TO EAT THEIR SNACK EACH DAY.**

When packing your child's snack for school each day, please choose snacks that are peanut free. (Some foods that do not contain peanuts themselves have been processed in a factory that makes other foods which do contain peanuts. Please keep this in mind and check food labels as you prepare your child's snacks).

We have many students who if given even a trace amount of a food could have a serious allergic reaction. So, our staff will be checking the ingredient listing of each child's snack every day to ensure all of our children are safe.

If your child's snack does NOT have an ingredient label printed on the package, the snack will be sent back home with a reminder note and your child will be provided an alternate snack, which you will be charged for.

If you are sending in a fruit or vegetable, this does not apply unless it is prepackaged with other foods.

Please make sure to cut fruits and vegetables into ¼" cubes for toddlers and ½" cubes for preschoolers and slice all round foods lengthwise (this includes cheese sticks).

Please help us as we try to keep all of our students safe and healthy.

### **A word about birthday treats:**

Please remember that the peanut-free policy also applies to birthday treats. The treat must be store-bought with the ingredients labeled. No homemade treats will be passed out.

**Revised 6/24/2025**

# Little Hearts Preschool T-Shirt Form

Questions? Contact: Amanda Pond

513-759-8430 or

[amandap@lhpreschool.org](mailto:amandap@lhpreschool.org)



We are excited to continue to offer our Little Hearts Preschool t-shirt! These shirts are totally optional but are great for field trips (if applicable) and other special days here at preschool. If you would like to place an order, fill out this order form and turn it in with your child's enrollment packet along with your payment. Shirts should be here by the first month of school, and we will be sending them home with your child.

## T-shirt sizes

Youth XS 2-4 (most preschoolers)	Adult S
Youth S 6-8 (larger preschoolers)	Adult M
Youth M 10-12	Adult L
Youth L 14-16	Adult XL
	Adult XXL (additional \$2)
	Adult XXXL (additional \$3)
	Adult XXXXL (additional \$4)

T-shirts = \$15 each

**Payment is due at time of order and may be combined with first month's tuition and supply fee. All payments can be made through Brightwheel.**

## Customer Information:

Child's First Name:	Child's Last Name:	Parent's Phone Number:	Child's Teacher/Class:

## T-Shirt Order Information:

Qty	T-Shirt Size: Indicate Adult or Youth	Amount Each	Amount
1	(Example) Youth Small	\$15.00	\$15.00
		Total:	
		GRAND TOTAL:	

Please submit payment and order form together with your child's enrollment packet.