

PETTISVILLE CHRISTIAN PRESCHOOL
"2018 - 2019" 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.	_____	_____	_____

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 bases 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

Delays and Cancellations Preferred Contact/Phone Numbers: "One Call Now", (Generally the 1st call is sent out at 7am.) preferred #: _____

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Staff members from Pettisville Christian Preschool 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:** _____, 20__

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

CHILD'S NAME _____

DATE OF PERMISSION: AUGUST 27, 2018 – May 10, 2019 (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 27, 2018 through May 10, 2019. 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. Outdoor Playground area - Fenced In Playground
6. Lawn - Yard areas

Parent's Signature: _____ Date: _____, 20____

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

I or we (print adult names) _____,

_____, hereby grant permission to Pettisville Christian Preschool and Pettisville Missionary Church, Pettisville, Ohio, to take and use photographs and/or images and videos for use in the weekly newsletters and 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.

_____, 20____
(Signature of adult subject) Date (Phone Number)

_____, 20____
(Signature of adult subject) Date (Phone Number)

PETTISVILLE MISSIONARY CHURCH

Pettisville Christian Preschool
19055 CO. RD. D PETTISVILLE, OH 43553
419-445-7186

LIABILITY RELEASE FORM

Release of All Claims

In consideration for being accepted by Pettisville Missionary Church for participation in the Pettisville Christian Preschool program, we being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child – participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Pettisville Missionary Church, Pettisville Christian Preschool and the Preschool administrator thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said is participation in the above program or while participating in a preschool field trip activity.

Furthermore, we (I) and on behalf of (my) child – participant if under the age of 21 years hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation at the preschool and on field trips.

The undersigned further hereby agree to hold harmless and indemnify said church, preschool, administrator, employees for any liability sustained by said church, preschool, as result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said preschool program and any field trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bill, if any.

- For your child to attend preschool at Pettisville Christian Preschool, this liability form must be signed and dated by the preschooler’s parents or guardians.

Child’s Name: _____ Hospital/Medical Insurance: Yes No

Birth Date: _____ Insurance Company _____

Mother’s Name: _____ Policy Number: _____

Father’s Name: _____

or Legal Guardian: _____ Father’s Signature: _____

Date: _____

Home Address: _____ Mother’s Signature: _____

Date: _____

Contact Phone Number: _____

Father’s Email Address: _____ Mother’s Email Address: _____

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?					
Emergency Contacts: Parents cannot be listed 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 cannot be reached . 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 N/A 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 PETTISVILLE CHRISTIAN PRESCHOOL			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 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.

Ohio Department of Job and Family Services
**CHILD MEDICAL/PHYSICAL CARE PLAN
 FOR CHILD CARE**

Child's Name		Date of Birth	
Special Health Conditions			
Symptoms to watch for and emergency action to be taken if the following symptoms occur			
Activities/foods/environmental conditions to avoid, if applicable			
Medical procedures to be followed and expected benefit of treatment, if applicable			
Are any medications required? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete JFS 01217 "Request for Administration of Medication")</i> If yes, what medications?			
In an emergency does this child require additional assistance (more than other children of the same age or in the same group) to evacuate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In the event that the child care program must be evacuated, are there medications or supplies that must be taken with this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Training Instructions <i>(Trainer must be a parent or certified professional)</i>			
Signature of Trainer		Date	
Signature of trained providers, substitutes or child care staff members who have been made aware of the condition. <i>(There must always be a trained caregiver present when the child is present)</i>			
Signature	Date	I have been <input type="checkbox"/> Informed	I have been <input type="checkbox"/> Trained
Signature	Date	I have been <input type="checkbox"/> Informed	I have been <input type="checkbox"/> Trained
Signature	Date	I have been <input type="checkbox"/> Informed	I have been <input type="checkbox"/> Trained
Signature	Date	I have been <input type="checkbox"/> Informed	I have been <input type="checkbox"/> Trained
<i>(Only trained providers, substitutes or child care staff members shall be permitted to perform medical procedures listed above.)</i>			
Additional services (educational/therapeutic) child is receiving			
Who provides the above services?			
Name	Phone Number	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Phone Number	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I give my permission for the staff listed above to perform the procedures in my child's Medical/Physical Care Plan.

Parent Signature	Date
Administrator/Provider Signature	Date

Note: A separate plan must be written for each condition that requires different actions to be taken