

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 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 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? <input type="checkbox"/> Yes <i>(If yes, skip to Emergency Transportation Authorization section)</i> <input type="checkbox"/> No (If no, fill out the following:)	
The program's policy is to check diapers every <u> 2 </u> 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	<u>Do Not Give Permission</u> to Transport
Program or Home Name Villa Montessori	Do not sign both	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. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(check one)</i>	
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.

CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name (<i>print or type</i>)	Date of Birth
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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 (*please list in space below*):

Check below, if applicable:

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	Lead _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Weight _____	Hearing _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hemoglobin _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
BMI _____	Dental _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other: _____		

Notes:

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.

<p>Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER:</p> <p><input type="checkbox"/> The above named child has been immunized against the diseases listed above.</p> <p><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></p>	<p>Initials of Examining Health Care Practitioner</p> <div style="border: 1px solid black; height: 40px;"></div>
	Date
<p>Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S):</p> <p><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):</p>	<p>Signature of Parent</p> <div style="border: 1px solid black; height: 40px;"></div>
	Date



Infection Control Policy

It is inevitable that children will get sick, no matter where they are. As children begin to have contact with the world outside that of their own families, they are exposed to viruses and bacteria that are foreign to their bodies. This is the way they build immunities. We cannot, nor would we want to, shield a child completely from the outside world. If we did, the natural immunities a child gains through contact with others would not develop and a simple cold could become a serious illness. However, we do want to protect a child from an unusually high exposure to germs all at once.

In a child care setting, children come into contact with groups of other children outside their families. It is in this situation that the illness of one child can spread rapidly through the group to other children and staff members if stringent measures to prevent this spread are not taken.

For this reason, the staff at the center will take constant precautions to prevent the spread of disease. Many common childhood diseases are contagious. They are caused by germs which may be spread in several ways. Intestinal tract infections are spread through stools. Respiratory tract infections are spread through coughs, sneezes, and runny noses. Other diseases are spread through direct contact. Careful handwashing by staff and children can eliminate approximately 75 percent of the risk of spreading these illnesses. Other precautions include separating sick children from those who are well, taking extra precautions with diapering or toilet training children, and working to maintain sanitary conditions throughout the center.

You, the parents, can help us in our effort to keep your children healthy. We ask your cooperation in the following ways:

1. If your child has been exposed to any of the diseases listed on the accompanying chart, we ask that you notify us of the exposure.
2. If your child shows any of the following symptoms you will be called and asked to come immediately. Please help us protect the other children by responding promptly. If your child has any of the following symptoms at home, we ask that you keep him/her out of school until the symptoms are gone or until your physician says it is all right to return.

The symptoms include:

- fever greater than 101°F.
- severe coughing - child gets red or blue in the face
- high-pitched croupy or whooping sounds after coughing
- difficult or rapid breathing - especially in infants

- yellowish skin or eyes
- pinkeye - tears, redness of eyelid lining, followed by swelling and discharge of pus
- unusual spots or rashes
- sore throat or trouble swallowing
- infected skin patches
- crusty, bright yellow, dry, or gummy areas of skin - possibly accompanied by fever
- unusually dark, tea colored urine - especially with a fever
- grey or white stool
- headache and stiff neck
- vomiting
- severe itching of body or scalp or scratching of scalp

If any of the above symptoms are present or if a child appears cranky or less active than usual, cries more than usual, or just seems generally unwell at home, you are asked to look for any of the above symptoms or inform the child's teacher so that the child can be watched carefully for the development of symptoms.

It is imperative that we all work together to keep all of the children who attend the center as healthy and happy as possible. We thank you for your cooperation.

I have read and understand the attached infection control policies, and I agree to abide by them for the protection of my child as well as the other children and staff members at Center.

_____ _____
Date Signature of Parent or Guardian

The infection control policies and procedures have been presented and explained to
Parent/Guardian _____

by Staff Member _____ Date _____

Signature of Staff Member



I have received and accept the school policies listed in Villa Montessori Preschool Parent Handbook.

1. Admissions
2. Safe Arrival and Departure
3. Hours, Holidays and Inclement Weather
4. Tuition / Due Dates / Annual Registration / No Refund Policy
5. Late Pick-up
6. Vacation Credits
7. Withdrawal / Absences / Change of Schedule
8. Menus / Food / Allergies
9. Emergencies
10. Emergencies / Immunizations/Health Records / Medication / Allergies
11. Outdoor Activities / Fences
12. Behavior Plan & Discipline / Potty Training / Biting
13. Photos
14. Reporting of Child Abuse and Neglect
15. Chain of Command

I have received a copy of the Parent Handbook, understand and agree with the policies, including those listed above.

Child's Name: _____

Parent Signature: _____

Date: _____

Administrator: _____

Date: _____

Parents:

Please do not sign until:

1. You have received an electronic or paper copy of the manual AND
2. We have reviewed the parent manual and the above key points with you



Consent & Release

For film, photos, videotape, social media; as well as any other form of electronic or digital communication.

On various occasions, your child may be photographed while at Villa Montessori Preschool. These photographs may be used by Villa Montessori Preschool and or its affiliated companies, in program planning and/or public relations. They also may be used in various types of advertising or by public television, newspapers, magazines, and electronic or digital communication. For this reason, we request that each parent sign the following release:

I hereby give or do not give Villa Montessori Preschool and its agents, the absolute right and permission to copyright and/or publish, or use with photographic portraits or pictures of my child or reproductions thereof in color or otherwise, made through any media for art, advertising, trade, electronic or digital communication or any other lawful purpose whatsoever. These pictures may be used in conjunction with his/her own fictitious name.

Name of child _____

No, I do not grant full permission.

Yes, I do grant full permission.

Yes, I grant permission for internal use only: i.e. bulletin boards, newsletters, etc.

Parent Name: _____

Signature: _____ Date: _____

Center Director: _____

Signature: _____ Date: _____



Dear Parents,

Welcome to the Villa Montessori family!

Your child's first day at school is a new experience and we are committed to making the transition as smooth as possible for you. Below are some tips to help get the family ready for new adventures.

A week before your Child's First Day at School

Preparing your child before the first day of school can greatly reduce any separation anxiety your child may feel.

- Schedule a visit to the school before your start date.
- Introduce your child ahead of time to common school activities, such as drawing pictures or storytelling.
- Don't minimize the importance of easing your fears as well as your child's. If you feel guilty or worried about leaving him/her at school, your child will probably sense that. The more calm and assured you are, the more confident your child will be.
- Understand the first few weeks can be emotional. This is normal, they love you after all!

First Day at School

- Arrive at least 5 to 10 minutes before the start of school (9:00 a.m.)
- Please bring the following items on your first day:
 - ✓ A Labeled nap bag to include: <http://happinappi.com/nap-bag.html>, these nap bags are perfect and easy to maintain. Another option would be to bring one crib sheet, a small blanket, and a soft toy if your child needs one for naps.
 - ✓ Classroom slippers (Children will change into slippers while working inside the classroom.)
 - ✓ Two extra pair of clothes, including underpants and socks. Please make sure you change these clothes periodically as the weather changes. Make sure to label and pack the items in zip lock bags with your child's first and last name and date of packing.
 - ✓ Parents of Children using diapers or pull-ups should bring a labelled bag with labelled wipes.
 - ✓ Rain Boots for splashing around in the rain! ☺
 - ✓ Appropriate weather attire.
 - ✓ A water bottle

Tips for Tear-Free Goodbyes

Saying goodbye on that first day can be the hardest moment for parents and children. Here are some tips on how to ease the separation anxiety.

- **Reintroduce the teacher to your child.** Allow them to form an initial relationship. Make it clear that you trust the teacher and are at ease with her watching your child.
- **Once you say good-bye, leave promptly.** A long farewell scene might only serve to reinforce a child's insecurities.
- **Express your ease with leaving.** Some parents wave from outside the classroom window or make a funny good-bye face.
- **Don't linger.** The longer you stay, the harder it is. Let your child know that you'll be there to pick him/her up later in the day.
- **Create your own ritual.** Every parent has a unique way to say good bye, some of the common ways are hugs, kisses, rubbing a child's back, high fives etc. You will have your own soon.
- **Learn the other kids' names.** When you can call your child's classmates by name ("Look, Matthew, there is a space at the light table with Eli and Katie,") it makes school seem much more familiar and safe.
- **Crying is normal and expected.** We expect children to cry during drop offs and are prepared. Typically, once you are out of sight, the crying dissipates and they begin to explore their new environment with all the wonders offered to them! 😊

We thank you again for joining us and look forward to a long and trusting relationship.