

Dear Parents,

These are the papers you will need to enroll your child in the Rittman United Methodist Church Preschool program for the 2023-2024 school year. To have your child's name placed on the enrollment list, you must return the registration form along with the \$30 registration fee which is non-refundable. All other forms, including the medical form must be returned by the first day of school.

The medical form must be signed by a physician, physician's assistant, certified nurse practitioner, or advanced practice registered nurse. There should also be a copy of your child's most current immunizations attached to the form. For returning families, if your child's medical form is still current, we can use it until the form's expiration date. At that time, a new form will be required.

We will be having an Open House for all parents/guardians and enrolled children on **Thursday, September 7 from 6:30pm-8:00pm**. During this time, families will get the opportunity to see the classrooms and ask questions, they will receive a school calendar, and light refreshments will be served. If there are forms that have not been turned in, please bring them with you to the Open House.

The first day of school will be **Tuesday, September 12**. Our program is from 9am-11:30am on Tuesdays, Wednesdays, and Thursdays. Our monthly tuition is \$95 which is due the first school day of each month.

For more information about the program, you may contact the church by phone at 330-925-4015 Monday - Thursday between the hours of 8:30am-1:30pm or send an email to rumcpreschool@rittmanumc.org. Our mailing address is:

Rittman United Methodist Church Preschool

211 N. Metzger Ave.

Rittman, OH 44270

RUMC PRESCHOOL REGISTRATION

I understand there is a \$30 non-refundable registration fee required on an annual basis

Child Information:

Child's Name: _____
Age: _____ Sex: _____ Date of birth: _____
Child's home address: _____
Home email address: _____
Home phone: _____

Primary Contact and Release Persons:

Parent/Guardian #1: _____
Relationship to child: _____
Address: _____
Home/Cell Phone: _____ Email address: _____
Employer: _____ Work phone: _____
Employer Address: _____

Parent/Guardian #2: _____
Relationship to child: _____
Address: _____
Home/Cell Phone: _____ Email address: _____
Employer: _____ Work phone: _____
Employer Address: _____

Other children in the family:

Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

Enrollment Registration Emergency Contact Information:

Please list the individuals you would like contacted if you cannot be reached in case of emergency. Additionally, please list those individuals you authorize for pick-up on a given day (i.e., babysitter). We will not release a child to anyone under the age of eighteen (18), including siblings.

Name: _____
Relationship to Child: _____
Home Phone/Cell Phone: _____
Address: _____

Name: _____
Relationship to Child: _____
Home Phone/Cell Phone: _____
Address: _____

Name: _____
Relationship to Child: _____
Home Phone/Cell Phone: _____
Address: _____

Name: _____
Relationship to Child: _____
Home Phone/Cell Phone: _____
Address: _____

If you want a person who is not identified above to pick up your child, you must notify school staff in advance. Your child will not be released without prior authorization.

Parent Signature

Date

Enrollment Agreement

Name of child: _____

Please initial each section listed below, then sign and date the page.

_____ **REGISTRATION FEE:** I understand that the \$30 registration fee is non-refundable and is required on an annual basis by the school.

_____ **PAYMENT OF TUITION:** I understand that tuition is \$95 per month, *except* for December and May when it will be \$50, and payment is due on the first day of attendance each month.

_____ **DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my immediate family, a discount from the usual tuition fee is offered to me and is applied to the additional child(ren). The tuition for each additional child will be \$50.

_____ **RETURNED CHECKS:** I understand that a processing fee will be charged to my account for all checking account payments which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge.

_____ **EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the school's intention to be open and provide pre-school programming, but that inclement weather, natural/national disaster, or major building issue may disrupt service from time to time. If Rittman schools are closed or on a 2-hour delay, the preschool will be closed for the day. If there is a major building issue that causes closure, I will be notified by the school ASAP.

Parent signature

Date

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	
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
Allergies, Special Health or Medical Conditions, and Medical Foods
<p>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.</p>
<p>Does your child have any food, medication or environmental allergies? <i>(check all that apply)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - <i>check all that apply</i> <input type="checkbox"/> Food <input type="checkbox"/> Medication <input type="checkbox"/> Environmental Please list and explain: </p> <p>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? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed. </p>
<p>Does your child have a developmental delay or special health or medical condition? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain </p> <p>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? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed. </p>
<p>Is your child currently using any medication or medical food? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain </p> <p>If yes, does this medication or medical food need to be administered at the child care program/home?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> 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. </p>
<p>Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain </p> <p>Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - written instructions from the child's health care provider must be on file. <input type="checkbox"/> N/A - program does not provide meals or snacks to the child. </p>

Child's Name

Diapering Statement

Is your child toilet trained? <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> 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: <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 sign both	Do Not Give <u>Permission</u> to Transport
Program or Home Name Rittman United Methodist Church 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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.

Family Information

By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities, or personality that you feel will be helpful to the staff while caring for your child.

Who is in the child's immediate family?

Who lives at home with your child?

Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional details?

Are there any changes or transitions that your child has recently experienced or is experiencing? (Divorce, new home, death of family member, friend, family pet?) Additional details?

Has your child had a previous care arrangement? (With family, in home care, center-based care, etc.?) Additional details?

Are there any foods your child should not be fed? (Licensing requires documentation to be completed for children with food allergies and/or dietary restrictions.)

Please describe your child's personality and behavior.

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?

What routines/actions or items do you use to comfort your child?

Does your child need assistance when using the toilet? If so, how?

What words, gestures, or signs does your child use if he/she needs to use the bathroom?

What might you and/or your child be anxious about as he/she starts in this program?

What are you and/or your child excited about as he/she starts in this program?

What are your expectations of this program?

Parent Signature: _____

Date: _____

Release of information

Child's Name: _____

Please review the following information, mark your preference, and sign and date the form.

_____ I give RUMC Preschool permission to display pictures of my child on the school/church bulletin board and in the classroom.

_____ I do not give RUMC Preschool permission to display pictures of my child on the school/church bulletin board or in the classroom.

_____ I give RUMC Preschool permission to use my child's first and last name for church programs and newspaper articles.

_____ I give RUMC Preschool permission to use my child's first name ONLY for church programs and newspaper articles.

_____ I do not give RUMC Preschool permission to use my child's name for church programs and newspaper articles.

Parent/Guardian signature

Date

***We do not post pictures of the children or their names on social media.

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

Child's Name (<i>print or type</i>)	Date of Birth
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 (<i>please list in space below</i>):	
Check below, if applicable:	
<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 _____	Hearing _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
BMI _____	Dental _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Lead _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hemoglobin _____	<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.	
Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER: <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>	Initials of Examining Health Care Practitioner Date
Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S): <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):	Signature of Parent Date