REGISTRATION FEE

The College of Wooster Nursery School requires a $40.00 registration fee to ensure your child's enrollment. This non-refundable fee will be for the 2021-2022 school year.

Please complete the information requested below. Return this form with your check for $40.00 payable to The College of Wooster Nursery School.
Mailing address is 353 E. Pine St., Wooster, OH 44691.

CHILD’S NAME: ____

PARENTS’ NAME: ____

ADDRESS: ____

____

PHONE: ____

E-MAIL ADDRESS: ____

CHECK NUMBER: ____________

AMOUNT: ________________

Please check which class session you would like your child to be in next year.

TUESDAY - THURSDAY MORNING CLASS ________________________
(class for 3 turning 4-year old’s/ 9:00-11:30am)

MONDAY- WEDNESDAY- FRIDAY MORNING CLASS _________________
(class for 4 turning 5-year old’s/ 9:00-11:30am)

MTWTHF AFTERNOON CLASS __________________________________
(please list the days you prefer in the afternoon)
(class for 3-5-year old’s, choice of 2, 3, 4 or 5 half-day sessions, 12:30-3:00pm)

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. ☐ Yes ☐ No

If you answered yes, please indicate which number(s) above to include on the list ☐ Work # ☐ Cell # ☐ Home # ☐ 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. ☐ Yes ☐ No

If you answered yes, please indicate which number(s) above to include on the list ☐ Work # ☐ Cell # ☐ Home # ☐ 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 at least one person 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 __________ 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 ***Permission*** to Transport		OR Do not sign both	***Do Not Give Permission*** to Transport	
Program or Home Name			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 STATEMENT FOR CHILD CARE

Child's Name *(print or type)*	Date of Birth

✓ This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care.

✓ This above named child has been immunized in accordance with the requirements of section 5104.014 of the Ohio Revised Code (please note any exceptions below).

Signature of Examining Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner	Date of Examination
Name of Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner	Telephone Number
Street Address	
City, State and Zip Code	

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH DATES OF DOSES OF ALL IMMUNIZATIONS

Exceptions to Immunization requirements pursuant to 5104.014 ORC (please include names of requirement diseases against which the child has not been immunized and whether it is because the immunization is medically contraindicated, not medically appropriate for the child's age, or declined by the parent)**.**

☐ I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code. Please note disease above and sign.

Signature of Parent	Date of Signature

Optional

Recommended Assessments/Screenings

Vision	☐ Yes ☐ No	Lead	☐ Yes ☐ No
Hearing	☐ Yes ☐ No	Hemoglobin	☐ Yes ☐ No
Dental	☐ Yes ☐ No	Other	

Measurements		**Notes**
Height		
Weight		
BMI		

Parent Roster

Each year we prepare a roster for each nursery school class with the names, addresses, and phone numbers of the parents of children in your child's class. Parents find such a roster helpful in forming carpools and contacting the parents of their child's friends.

We are required by law to obtain written permission from each parent included on this roster. Kindly complete the information below and return it with your enrollment forms.

Please check (✓) one:

I do ___ want to be included on the parent roster.
I do not ___ want to be included on the parent roster.

Signed: ______________________________________Date:________________
(signature)

(**Second Year annual review and update only**) Parent initials:____________Date of review:_____________

Please print the information below you wish to be included on the parent roster. (Please indicate the name by which you wish your child to be called.)

_____________________________________ ____
(Child's name – first and last) (Address)

_______________________________________ ____
(Mother) (Father)
(First names only, unless last name is different from child's)

____ ____
(Telephone) (Telephone)

____ ____
(Email Address) (Email Address)

Promotional Authorization

I give permission to The College of Wooster Nursery School to use my child's picture for promotional purposes. I understand no child's name will be used on the website, brochure, poster or video. A child's name will only be used if a College of Wooster Nursery School picture appears in The Daily Record and/or the Wooster Weekly News.

Child's name____

Parent's Signature____Date________________

(Initial and date annually) Parents initials:________Date of review: ___________

Ohio Department of Job and Family Services

ROUTINE TRIP PERMISSION FOR CHILD CARE

Routine Trip Information

Routine Trip Destination(s)

other rooms in Church House, walks on Campus

Date of Permission *(valid for one year)*

8/1/2021

Mode of Transportation (*walking, school bus, public transportation, parent vehicles, provider vehicle and driver)*

walking

During this trip children will have access to water that is 18 inches or more in depth.

☐ Yes ☑ No

Are water activities planned in water that is 18 inches or more in depth? ☐ Yes ☑ No
(if yes, a swimming permission slip is required)

Child's Information

Child's Name

My child is

☐ not over 4 years and/or 40 lbs ☐ over 4 years and 40 lbs ☐ 8 years and/or over 4' 9"

Signature

I grant permission for my child to participate in the routine trips described above.

Parent's Signature	Date

TUITION PAYMENT SCHEDULE

THE COLLEGE OF WOOSTER NURSERY SCHOOL 2021-2022

Tuition may be paid in 9 monthly payments, 2 semester payments, or 1 annual payment.
The rates are:

(***Please choose the payment plan you prefer***.)

	9 payments	2 payments	1 payment
Two-half-day program	_____$148.00	_____ $666.00	_____ $1,332.00
Three-half-day program	_____$223.00	_____$1,003.00	_____$2,007.00
Four-half-day program	_____ $296.00	_____ $1,332.00	_____ $2,664.00
Five-half-day program	_____ $371.00	_____ $1,669.00	_____ $3,339.00

No bills will be sent out, only reminders if payment is overdue. Please note that tuition payments that are 60 days overdue may result in the child being withdrawn from the program.

In the monthly payment plan, payment will be due September 1, October 1, November 1, December 1, January 1, February 1, March 1, April 1 and May 1.

In the semester payment plan, payment will be due September 1 and February 1.

In the annual payment plan, payment will be due September 1.

All fees must be paid by the last day of the school year.

Checks should be made payable to **The College of Wooster Nursery School** and put in the Nursery School mailbox upstairs or mail to:
The College of Wooster Nursery School, 353 E. Pine St., Wooster, OH 44691.

Payment is available online at wooster.edu/nurseryschool. There is a small convenience fee for this service.

Child's Name: ____
(please print)

Signed: ___________________________________ Date:__________

PLEASE RETURN THIS FORM BY THE FIRST DAY OF SCHOOL.

Reminder for families receiving scholarship assistance your payment amount will vary from above. Families with two children enrolled in nursery school during the same year, the older child pays full tuition, and the younger child pays one-half tuition.