

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 #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? 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 <u>Permission</u> to Transport		OR Do not sign both	<u>Do Not Give Permission</u> 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, 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
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>):	
<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 _____	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
Notes:	Other: _____
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:	Initials of 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>	
	Date
Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S):	Signature of Parent
<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

Routine Trip Information	
Routine Trip Destination(s) other rooms in Church House, walks on Campus	
Date of Permission (<i>valid for one year</i>) 8/1/2021	
Mode of Transportation (<i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i>) walking	
During this trip children will have access to water that is 18 inches or more in depth. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? (if yes, a swimming permission slip is required) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Child's Information	
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"	
Signature	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date

Promotional Authorization

I give The College of Wooster Nursery School permission to use my child's photograph, a quotation, or an image of my child's work for promotional purposes. I understand no child's full name will be used on publicity materials, the website, Instagram, Facebook, or other media. A child's full 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) Parent's initials: _____ Date of review: _____

Slide Show Authorization

I give The College of Wooster Nursery School permission to use my child's photograph in the end of year class slide show. I understand the slide show will be shown and distributed to members of the class only.

Child's name _____

Parent's Signature _____ Date _____

(Initial and date annually) Parent's initials: _____ Date of review: _____

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)

(annual review and update only) Parent initials: _____ Date of review: _____

Please print only the information 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)

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.)

	<u>9 payments</u>	<u>2 payments</u>	<u>1 payment</u>
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.