Reset Form

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 ☐ Same as Child's		Home Telephone Number ☐ 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. ☐ Yes ☐ No If you answered yes, please indicate which information 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 #2		Relationship to Child	
Home Address ☐ Same as Child's		Home Telephone Number ☐ 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. ☐ Yes ☐ No If you answered yes, please indicate which information 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 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
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

Reset Form

Ohio Department of Job and Family Services

CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name *(print or type)*	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 (*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 _____ ☐ Yes ☐ No Lead _____ ☐ Yes ☐ No

Weight _____ Hearing _____ ☐ Yes ☐ No Hemoglobin _____ ☐ Yes ☐ No

BMI _____ Dental _____ ☐ Yes ☐ 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:	**Initials of Examining Health Care Practitioner**
☐ The above named child has been immunized against the diseases listed above. *If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):*	Date
Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S): ☐ 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

Importance of Health Screenings

1. Developmental

During infancy and toddlerhood, your pediatrician will ask about key developmental milestones, like eye contact, social interaction and play. At 18 and 24 months old, a questionnaire called the M-CHAT (Modified Checklist for Autism in Toddlers) will screen for autism. As your child gets older, his behavioral and social development will constantly be evaluated as well.

2. Height and Weight

At every well visit, these two measurements will be charted to determine BMI (body mass index), which is the best way to identify a child's risk for being overweight or obese. On the flip side, BMI can also point to a potential eating disorder. Your doctor will also ask about your child's diet, eating habits, and exercise. "It's non-invasive but lets us have a visual representation of how a kid is doing," Levenstein said.

3. Hemoglobin

At 1 year and 2 years old, your child's hemoglobin will be tested to make sure he's not deficient in iron. "If you are anemic, your brain doesn't work well and you can lose IQ points over time," said Levenstein, who added that anemia can also affect your child's activity. "It's a big stressor on the heart, the brain, the cardiovascular system and even on growth."

4. Lead

Approximately four million homes house kids who are being exposed to lead, according to the CDC. Lead exposure can affect your child's IQ and high levels can be toxic. At 1 year and 2 years old, your child's pediatrician will ask about your home environment, toys your child plays with and what your baby puts in his or her mouth. A blood test to determine lead exposure may also be ordered.

5. Vision

The American Academy of Pediatrics recommends children see an eye doctor every year between the ages of 3 and 6 – and then every other year. Starting at 9 months old, your pediatrician might suggest your child be screened with the Visual Evoked Potential machine, which presents a series of images. "It can measure the electrical activity of the brain in the vision center and see if there is equal activity on both sides," Levenstein said. "It can be a very nice early screening tool to see if a child needs an ophthalmology visit sooner rather than later.

Loving Kindness Education & Learning Center
Enrollment Contract

It is my/our desire to have my/our child/children enrolled in the daycare program at **Loving Kindness Education & Learning Center (LKELC).**
I/we have received a copy of the LKELC's policy handbook, and necessary paperwork. I/we have read, understand and agree to abide by the policies contained therein. I/we understand that if the policies outlined in this contract and the handbook are not adhered to, it would be sufficient cause for the removal of the child/children from the program. I/we also agree to give a minimum of two weeks (10 full daycare days) written notice of my/our intent to withdraw my/our child/children from the daycare program. If a two-week notice is not given, I/we agree to pay the full fee for the final two weeks of care.
Parent/Guardian Initials _____

Please **initial** next to each item. We want to be sure you **understand and agree** to these policies.

_____ I/we understand that I/we must provide completed medical forms and the necessary paperwork to the daycare before my child/children can start.

_____ I/we understand the daycare payment and or fees are due on the last day of the work week (Friday) upon arrival. There will be a daily late fee of $15.

_____ I/we understand there will be extra charges for late pick up. Charges are as follows: $20 for the first 15 minutes, $1 a minute thereafter, due upon picking up the child. Possible 241-KIDS call if more than one hour late with no phone call.

_____ I/we have contracted for the hours of _____ to _____ Days _____ thru _____.

_____ I/we have contracted to pay $_____ per week. For full time care. part time care (please circle one).

_____ I/we are contracting for (School year care Aug- May only, Summer care June- Aug only, or Full year care) Circle please.

_____ I/we understand during winter months the latest hour to drop off my/our child is 9:00 am, the latest pick up hour is 5:30 pm. During summer months the latest drop off is 9:00 am, the latest pick up is 6:30 pm.

_____ I/we understand the policy for others picking up, my/our child/children (substitute pick up person).

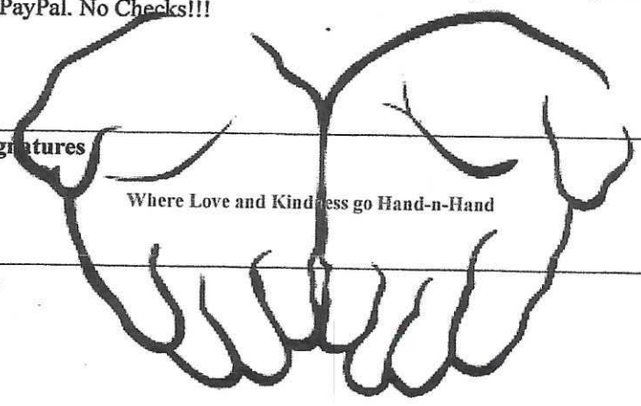
_____ I/we understand the management of illness and immunization policy.

_____ I/we understand the meal and snacks served and the dietary policy.

_____ I/we understand the breast feeding, prepared and concentrated formula and milk policy.

_____ I/we understand child guidance and discipline policy.

_____ I/we understand the daycare will accept Cash, Credit Cards (Master card, and Visa) , Money Orders, Cash App, and PayPal. No Checks!!!



Parent/Guardian Signatures _____ **Date**

Provider's Signature _____ **Date**