

Dear Parents,

Welcome to the 2021-2022 school year! Plans including curriculum development, enrichment programming, theme days, and special visitors are already well underway for the upcoming school year. We are excited to resume our extra activities, special visitors, etc. next year after this year of COVID restrictions! The first week of school will be September 13th, 2021.

There is a series of enrollment forms that parents need to complete for each child attending Nursery School. We have enclosed the necessary forms for your convenience; they are also available on our website, stthomasnurseryschool.wordpress.com. **Please complete these forms and return them to the Nursery School office no later than August 1st, 2021.** The enrollment forms include:

The **Child Medical Statement for Childcare** must be completed and signed by your child's physician. The State of Ohio requires all students to have a medical examination every 12 months, so be sure that the examination date on your form is within 12 months of the start date of school (September 13, 2021).

The **Child Enrollment and Health Information** form consists of 3 pages; please make sure to complete all 3 pages (there is a front and a back side on page 1).

The **Identification and Emergency Information card** is a 4x6 yellow card. Please make sure to complete both sides of this card. (this form is not available on the website).

The **Photograph and Walks Permission form** gives the school permission to take the children on local walks (nature walk, post office, etc.) The photo permission slip allows the school to use a picture of your child that was taken at STNS in our newsletter, STNS Facebook page, Instagram (invited members only), Community Press, etc. Children's names and personal information are NOT displayed with the photograph.

You will also find a **STNS Child Information form** which we use to help us begin to get to know your child before the start of school. If there is anything you feel would be better to discuss in person before the start of school, please call the school and we would be happy to schedule a time for you to come in.

The final form included in this packet is the **STNS 2021-2022 tuition contract**. Please return this form with your first payment by August 1, 2021. If we don't receive your first tuition payment by then, we will assume you have made other plans, and offer the class spot to the next child on the waiting list.

In mid- August, you will receive a letter from your child's teacher to introduce herself and provide you with information regarding your child's Visit Day, orientation schedule, etc. The 2021-2022 school year calendar is also included in this packet.

We are so glad that you have chosen St. Thomas Nursery School to partner with during these formative and important beginning school years. We are looking forward to spending the next school year with you and your family!

Blessings,

Emily Keiser
Director, St. Thomas Nursery School

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

| | |
|---|---------------------|
| Child's Name (<i>print or type</i>) | Date of Birth |
| <input checked="" type="checkbox"/> This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care. <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lead | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hearing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hemoglobin | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dental | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other | |
| Measurements | | Notes | |
| Height | | | |
| Weight | | | |
| BMI | | | |

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 | | 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? <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 | <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 | | Parent's Signature |
| Date | | 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 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.

St. Thomas Nursery School 2021-2022 Consent Form

Child's Name _____

Parent's Name _____ Date _____

Permission to Photograph

Throughout the year, your child may be photographed so we can share the wonderful things that are going on at the Nursery School with you and the surrounding community. Please initial each line below the publications description to give your permission for your child to be photographed for that type of publication. **Any line left blank will be assumed as no permission given.**

Internal Publications (STNS or St. Thomas Church newsletters).

Initial to grant permission _____

Internet Publications (STNS private Facebook page and Instagram, STNS or St. Thomas Church websites)

Initial to grant permission _____

External Publications (STNS brochures, community newspapers, advertising).

Initial to grant permission _____

Walks Permission Slip

St. Thomas Nursery School students have the opportunity to participate in nature walks in the local Terrace Park Community (the bike trail, around the neighborhood, to the Post office). Please initial below to give your permission for your child to participate in these walks. The teachers will post on the board outside their classroom when they are going on a nature walk. If the line is left blank, it will be assumed that no permission is given.

My child has permission to go on routine walks around the Terrace Park Community.

Initial to grant permission _____



St. Thomas Nursery School

Child Information

Child's Name _____ Birthdate _____

What name would you like us to call your child and use on his classroom materials (cubbie, placemat, etc.)?

Who lives with your child? Please include sibling ages and household pets.

What are your child's favorite activities?

Has your child had any previous experience with preschool or daycare before?

Please list any allergies or other health conditions we should know about:

Does your child have any special concerns or fears that would be helpful for us to be aware of?

Do you have any special goals for your child this year?

Is there any other information that would be helpful for us to know about your child?

Our parents are a wonderful resource for us as we continually strive to present new information to the children in an engaging, informative manner. Please list below your occupation and/or any special skills/interests you may have that you would be interested in sharing with your child's class.