

Dear Parents,

Welcome to the 2022-2023 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 12, 2022.

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.com. **Please complete these forms and return them to the Nursery School office no later than August 1, 2022.** 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 12, 2022).

The **Child Enrollment and Health Information** form consists of 4 pages; please make sure to complete all 4 pages.

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 2022-2023 tuition contract**. Please return this form with your first payment by August 1, 2022. 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 2022-2023 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
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
**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	Do Not Give <u>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.

St. Thomas Nursery School 2022-2023 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.

St. Thomas Nursery School Tuition Contract 2022-2023 School Year

We offer three different options for payments: annual, semi-annual, and monthly.

Please return this signed contract and first tuition payment by payment August 1, 2022.

Your first tuition payment will let us know what tuition payment plan you have chosen.

Our tuition rates are available in our parent handbook and on our website for your reference throughout the year.

One Day per week tuition:

Annual	due August 1, 2022	\$855
Semi-Annual	due August 1, 2022 & January 3, 2023	\$427.50
Monthly - 9 payments	due August 1, 2022 through April 1, 2023	\$95

Two Days per week tuition:

Annual	due August 1, 2022	\$1530
Semi-Annual	due August 1, 2022 & January 3, 2023	\$765
Monthly - 9 payments	due August 1, 2022 through April 1, 2023	\$170

Three Days per week tuition:

Annual	due August 1, 2022	\$2025
Semi-Annual	due August 1, 2022 & January 3, 2023	\$1012.50
Monthly - 9 payments	due August 1, 2022 through April 1, 2023	\$225

Four Days per week tuition:

Annual	due August 1, 2022	\$2925
Semi-Annual	due August 1, 2022 & January 3, 2023	\$1462.50
Monthly - 9 payments	due August 1, 2022 through April 1, 2023	\$325

Additional programs you may add to your regular weekly class:

Discovery Friday tuition 4 and 5 year olds – Fridays 9:00-12:30

Annual	due August 1, 2022	\$990
Semi-Annual	due August 1, 2022 & January 3, 2023	\$495
Monthly - 9 payments	due August 1, 2022 through April 1, 2023	\$110

Extended Day tuition: 3, 4, and 5 year olds – Mondays, Tuesdays, Wednesdays, Thursdays

	2 days 11:30 - 12:30	2 days 11:30-1:00	3 days 11:30 -12:30	3 days 11:30-1:00	4 days 11:30-12:30	4 days 11:30-1:00
Annual	\$550	\$655	\$800	\$975	\$1000	\$1235
Semi-Annual	\$275	\$325	\$400	\$485	\$500	\$615
Monthly	\$60	\$75	\$90	\$110	\$110	\$135

Early Start tuition: Tuesdays, Wednesdays, Thursdays

	1 day 8:30-9:00	2 days 8:30-9:00	3 days 8:30-9:00
Annual	\$180	\$360	\$540
Semi-Annual	\$90	\$180	\$270
Monthly	\$20	\$40	\$60

1. We understand and agree that if payments are not received by the above dates, our child's place in the school may be forfeited.

2. We understand and agree that the payment is non-refundable. If it is not received on the assigned date, a late fee of \$25 will be imposed.

3. We understand that the tuition is in addition to the pre-paid, non-refundable registration fee.

4. We understand and agree that if our child is withdrawn during the school year, tuition will be reimbursed on a prorated basis if the vacancy is able to be filled.

5. We understand that a third child in the same family who are all attending STNS at the same time will receive a 10 percent discount.

The undersigned parents (or guardian) hereby register their child _____ for the 2022-2023 school year.

Parent/Legal Guardian Signature _____ Date _____