



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## ASHLAND YMCA PRESCHOOL 2025/2026 School Year

Welcome to the YMCA Preschool! **THIS PROGRAM IS FOR 3-5 YEAR OLDS WHO ARE POTTY TRAINED.** The registration packet has several important documents that must be completed in full for your child to participate in our program. Be sure to answer each question completely, no matter how repetitive they may seem. **ALL** forms, fees (including outstanding bills) and information **MUST** be complete before your child can be accepted. The completed packet needs to be returned a minimum of 48 hours before the intended start date. If the form does not apply to your child, please put your child's name on it and sign with some indication that it does not pertain to you. To receive the member price, you **MUST** have up to date membership or Membership for All eligibility. **The registration fee is \$25 dollars, please return packet with a check or cash to be placed in the Child Development Director's mailbox to be processed. The registration fee is non-refundable. If you plan to do scheduled payments the fee may be scheduled, and it will be set to be paid one week after registration is processed.** If you attend 12 months a year and are a current family you do not need to pay the registration fee. *The front desk will not process your registration, this needs to be done by the Child Development Director to be following state regulations properly.* After completion of the registration materials, the administrator will review your paperwork and the registration process will be finalized at that time. You will **receive a welcome letter** and updates by way of **email** about important dates and materials, so please be sure to include an email address for communication. Welcome emails will not be sent until or after June 15<sup>th</sup>, once Summer Camp is underway. Most communication will be through email so please check often while attending our program. If you have any questions, please feel free to contact Christie Krumlaw. We are so excited for our new year to begin and look forward to meeting all our families! In September or your date of registration completion, you will receive an Ages and Stages Questionnaire to complete and return on the next day of school. If you have any further questions or concerns do not hesitate to reach out, use the phone number or email address listed below.

Most sincerely,

*Christie Krumlaw*

Christie Krumlaw  
Ashland YMCA Child Development Director  
[ckrumlaw@ashlandymca.org](mailto:ckrumlaw@ashlandymca.org)  
419-289-0626

**PLEASE NOTE:** The fees for families attending All Day Care account for breaks and snow days, that amount has not been accounted for in the half day or full day preschool prices. If you attend Full Day Preschool and will need care on these days there will be a \$45 for members charge and advance notice is needed. If you show up the day of, without previous arrangements, it will cost an additional \$10.

# Ashland YMCA Preschool Calendar

**Specific dates will be given at the beginning of the school year and be listed on the Google Calendar**

## **September**

Open house will be the Tuesday after Labor Day  
First day of school will be the Wednesday after Labor Day

## **October**

Mid month- No school but ADC provided

## **November**

Thanksgiving Break NO School  
Care Provided ADC Families on days other than days listed below  
Center Closed Thursday and Friday for Thanksgiving

## **December**

Christmas Break NO School  
Care Provided for ADC except for Christmas Eve, Christmas day, New Year's Eve and New Year's Day

## **January**

Center closed the first weekday after New Year's for deep cleaning  
MLK Day NO School  
Care provided for ADC Families

## **February**

President's Day NO school  
Care Provided for ADC Families

## **March/April**

Spring Break  
Care Provided during break for ADC families  
Center Closed- Good Friday

## **May**

Last Day of School the Friday before Memorial Day  
Care provided for ADC families transitioning into Summer Camp for the time between Preschool and Summer Camp

### **\*\*ADC= All Day Care**

If Ashland City Schools have an Early Release the Preschool will run as usual.

We will follow Ashland City Schools Delay and Cancellations. Please check your email, our Facebook page and/or Homeroom page for updates due to weather.

There may be other days off each month that will be communicated in the newsletters and our Google Calendar.  
You will be signed up for the google calendar upon registration.

## Ashland YMCA Preschool Registration

School year enrolling **2025/2026**

Will your child attend kindergarten in the **2026/2027** school year? ☐ YES ☐ NO  
(most area schools, child must be 5 by September 30<sup>th</sup> to enroll in kindergarten the following year)

Your child will attend \_\_\_\_\_ Elementary in \_\_\_\_\_ school district when they enter kindergarten

Child's **Full** Name \_\_\_\_\_  
(FIRST, MIDDLE AND LAST)

Birthdate \_\_\_\_\_ Age of child on 1<sup>st</sup> day of school \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

**\*\*A non-refundable registration fee of \$25 must accompany this form. You must have a membership to receive member pricing. \*\***

Days and Times:

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_  
IN/OUT IN/OUT IN/OUT IN/OUT IN/OUT

### PRICING IS PER MONTH

#### ALL DAY CARE (includes Preschool) 6:30am-6pm

	Member	Guest	Total
5 all day (Mon-Fri)	\$625	\$775	
4 all day (Mon-Thu)	\$525	\$675	
3 all day (Mon, Wed, Fri)	\$425	\$610	
2 all day (Tue, Thu)	\$395	\$550	

#### FULL DAY PRESCHOOL 8:30am-3pm

	Member	Guest	Total
5 day (Mon-Fri)	\$515	\$605	
4 day (Mon-Thu)	\$435	\$520	
3 day (Mon, Wed, Fri)	\$370	\$455	
2 day (Tue, Thu)	\$325	\$395	

Will your child require a nap on the days they attend ☐ yes ☐ no (please check one)

#### HALF DAY PRESCHOOL 8:30am-11am

	Member	Guest	Total
5 day AM (Mon-Fri)	\$310	\$455	
4 day AM (Mon-Thu)	\$270	\$375	
3 day AM (Mon, Wed, Fri)	\$245	\$345	
2 day AM (Tue, Thu)	\$225	\$315	

Preschool hours are 8:30-11 or 8:30-3. Preschool follows the Ashland City School schedule. To be considered for care over holidays or snow/delay days you must sign up for All Day Care. Full Day Preschool may attend with an additional fee that is stated later in the information. **\*\*\*There will be a \$10.00 discount if payments are scheduled instead of paid monthly by check, cash or card**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Financial Agreement**

I agree to pay the Ashland YMCA Preschool the stated amount of tuition indicated for my child's care. Tuition is due September through May. A two-week notice of withdrawal is required from preschool. To receive the member rate, I understand that my child must be an active member. Tuition is due monthly by the first of each month, and a late fee of \$20 will be assessed after the 10<sup>th</sup> of that month.

**JFS Families only:** If I am a JFS family I will have all proper paperwork completed before attendance begins and will keep up on my entries to receive these benefits. If I am more than 10 days behind on entries, I agree that I will self-pay for the time that has been used at the rate of \$45/day. Parent initials

### **Assessment Permission and Authorization**

The children will be assessed at least three times throughout the school year for academic gains and developmental assessment will be gathered using Ages and Stages Questionnaire, TS Gold and other methods a minimum of once a year. I give permission for the teachers to perform such assessments and share the information with us and the school they will attend upon leaving the Ashland YMCA Preschool. Parent initials

### **Swimming, Gymnastics and Walking Field Trip Permission**

Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_

Please check all that apply:

My child has my permission to participate in the YMCA swimming program that will take place in the West Pool in the main building. The center will always have two supervising staff and a certified lifeguard on duty.

My child also has permission to participate in gymnastics lessons and activities. Children will be supervised and assisted during lessons, to maintain a safe and healthy environment.

The YMCA preschool will go on walking trips, weather permitting, within a two-block radius. Children will be taught safety while on the walking trips, under the supervision of classroom staff. During walking trips children will not be near water more than two feet.

There will not be extra staff above the licensing requirements.

\*Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Parent notes or relevant information regarding these activities: \_\_\_\_\_

I do not give permission to participate in any of the activities listed above

\*Parent signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*Swimming and gymnastics will occur one at a time between the months of October and April.

**Ashland Family YMCA Preschool  
Emergency Pickup Information**

Persons authorized to pick up child from school other than custodial parent: Must name AT LEAST one.

Child's Name \_\_\_\_\_

Child's birthdate \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Parent who should be contacted **FIRST:**

(name of parent) \_\_\_\_\_ (phone number) \_\_\_\_\_

Person to contact **SECOND**/relationship/phone

(name of contact) \_\_\_\_\_ (phone number) \_\_\_\_\_

Authorized pick up individuals:

<u><b>Name</b></u>	<u><b>Relationship</b></u>	<u><b>Phone</b></u>
1. _____		
2. _____		
3. _____		
4. _____		

**Roster Permission**

The State of Ohio requires preschools to have a roster of all children enrolled in preschool. HOWEVER, the only thing I need to have on it is the child's name. I make a roster of parent's names, phone, address and email for your convenience. You are welcome to use this info to invite children to play or for party invitations. We do not use it to solicit or harass our families. You can choose what information you wish to share; all or just a few things

Pick what you wish to be listed on roster:

\_\_\_\_\_ Mom's name    \_\_\_\_\_ Dad's name    \_\_\_\_\_ Email    \_\_\_\_\_ Future School System  
\_\_\_\_\_ Address    \_\_\_\_\_ Phone    \_\_\_\_\_ Child's birthday

### Scheduled Payment Authorization/Agreement

I \_\_\_\_\_ authorize my bank to make payment to the Ashland YMCA by method indicated below, and post it to my account for my child \_\_\_\_\_'s

care at the Ashland YMCA Preschool. (Please circle the appropriate **category, amount of days and membership status.**)

ALL DAY CARE	2 DAYS	Member
FULL DAY PRESCHOOL	3 DAYS	Non-member
HALF DAY PRESCHOOL	4 DAYS	
	5 DAYS	

**Amount Paid** \_\_\_\_\_ on the \_\_\_\_\_ of each month (if no date is given it will be taken on the first of every month)

Checking \_\_\_\_\_ Bank Name \_\_\_\_\_

NOTE: for checking account authorization, a voided check is needed

Account # \_\_\_\_\_ Routing # \_\_\_\_\_

Credit Card \_\_\_\_\_ Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ Other \_\_\_\_\_

Account # \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (For credit card payments)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I understand that I am in full control of my payment, and if at any time I decide to make any change or discontinue the service, I will call or write the above company. A two-week notice is needed to make any changes. Change of payment will not affect other provisions and terms of my contract.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Staff Witness** \_\_\_\_\_ **Date** \_\_\_\_\_

### Scheduled Payment Agreement

I UNDERSTAND that when enrolling in the Ashland YMCA Preschool using Scheduled Payment as the method of payment, I am committing to a nine-month period for the school year, which will be taken out of my checking, savings, or credit card account monthly on the **first of every month**. I also understand that any outstanding payments not received within 60 days will be turned over to RBC Collection agency. Returned items or denied transactions will have a fee of \$15.00 charged. **Initials** \_\_\_\_\_

## YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parents or legal guardian has also provided their consent by signing below.

**Consent & License.** For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America ("YMCA of the USA") or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- 1.video film or footage of me,
- 2.soundtrack recordings of me
- 3.photo reproductions of me
- 4.any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

**Ownership, Confidentiality, and Shared Use.** With respect to any of the above uses, I further agree:

- 1.All works shall belong to YMCA of the USA;
- 2.The Y has no duty of confidentiality regarding any licensed uses.
- 3.YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world.
- 4.The Y and collaborating third parties may use any video film, footage, soundtrack recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

**Release from Liability.** I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Printed Name (of child): \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

I am the parent or legal guardian of [redacted]. I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

**Signature of parent or legal guardian:** [redacted]

Printed name: \_\_\_\_\_

Sign this portion only if you give permission to use your child's picture on the YMCA website, social media or advertisement

## Homeroom Page Photo Release

The Ashland YMCA Preschool shares photographs of classes and participants on our gethomeroom.com website to show families what we do all day. We would like your permission to use photographs of our day on our restricted page. Only authorized people indicated by the administration can see the posts. If you do not grant permission, please indicate this below.

I give the YMCA permission to use photographs of my child/children on gethomeroom.com

[redacted] Parent initials

OR

I **DO NOT** grant permission, and the YMCA may not use my photos on gethomeroom.com

[redacted] Parent initials

## Support Identification

To provide a supportive learning environment and promote positive behaviors, support and accommodation enable children to reach their fullest potential in a safe environment. We have identified several types of strategies that may be helpful to participants. The introduction of these strategies may impact our staff to child ratio and the well-being of all the children in attendance.

Documenting and reviewing supports identified by the parents/caregivers as they enroll their child in the program it is determined if a safe and effective learning environment can be provided, decisions will be made on the appropriate placement for each child who desires to enroll in the YMCA program.

Child's Name \_\_\_\_\_

\_\_\_\_\_needs no support at this time. Please sign below.

\_\_\_\_\_needs the following supports and I have the documentation needed to receive these supports. Please mark appropriate supports and sign below.

_____Behavioral Supports	_____Health Supports
_____Communication Supports	_____Instructional Supports
_____Natural Supports	_____Social Supports
_____Transition Supports	_____Universal and Accessible Physical and Program Design Supports

If you have information on recent assessments in the areas listed below that would help identify appropriate strategies. Please provide documentation and sign below.

\_\_\_\_\_Behavioral Supports \_\_\_\_\_Health Supports

**\*Must be documented by a professional in written form prior to attendance and implementation. Please see below for support explanation.**

**Parent initials**

### Support Definitions

**Behavioral Supports-** intended to minimize challenging behaviors. These behaviors are intended to communicate and when attempting to eliminate behavior child's frustration may be magnified. Professionals need to pinpoint what is being communicated and what environmental factors are contributing to the behaviors. When it is known what is communicated and contributes to the behavior positive support can be implemented to eliminate the risk of behaviors being displayed.

**Communication Supports-** intended to ensure the child understands thoroughly what is expected. Each intervention must be clear and purposeful in communication through verbal, nonverbal and kinesthetic feedback. Professionals will willingly communicate expectations, requests, and acceptable behavior parameters to create motivating and safe environments. The communication the child receives will assist them in being able to sort out what is important and respond to what they hear.

**Health Supports-** intended to accommodate physiological well-being and function at their maximum capacity. The use of proper diet, rest, pain management and sunlight exposure is managed. Use of quiet spaces to help regain composure as well as medications and physical activity levels will be monitored to support the child.

**Instructional-leadership Supports-** intended to support engagement. Professionals will plan and structure predictable environments to focus on strengths and goals.

**Natural Supports-** intended to be support from a family member whose preferences support the child. Support occurs when there are balanced meals and there are designated areas for appropriate choices.

**Organizational Supports-** intended to be support given by collaborative team of professionals and care givers. An inclusive plan will be developed to support the child, and a zero-tolerance approach will be taken to implement the support.

**Social Supports-** intended to help the child gain social competence, become aware of social expectations, gain information through interactions and exchange feelings during an experience.

**Transition Supports-** intended to help the child transition from one location to another or to another program. This support can also be used to move from one activity to another within the classroom.

**Universal Design and Program Supports-** intended to assist in designing structures for all children regardless of ability. Barriers are minimized and access is maximized by, for example, signs and checklists to cue children. Multiple engagement opportunities are offered to include children with a range of diverse abilities and skills.



## Family Information Sheet

Child's Name \_\_\_\_\_

Nickname \_\_\_\_\_

*By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities, or personality that you feel will be helpful to the staff while caring for your child*

Who is in the child's immediate family?

Who lives at home with the child?

What is the primary language spoken in your child's home?

Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, divorce, new home, death or birth of a family member, friend or pet.

Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, etc)

Has your child had a previous care arrangement? \_\_Yes \_\_No (if yes circle one: Center based, in home, with family, with parents, other\_\_\_\_\_)

Are there any foods that your child should not be fed? (allergies, culture, religion based)

Describe your child's personality and behavior

What can cause your child to be angry or frustrated? How do you respond?

What is the discipline policy in your home?

Does your child need assistance using the toilet? How do they let you know when they need to use the toilet? (words, gestures, signs)

Any other information about your child you feel will be helpful to us?

Parent Signature

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	
City				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	
City				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?					
<b>Emergency Contacts:</b> Parents <b>cannot be listed</b> 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 <b>if you cannot be reached</b> . 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	
City		State		City	
Telephone Number		Relationship to Child		Telephone Number	
Telephone Number		Relationship to Child		Telephone Number	
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.
<input type="checkbox"/> 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.
<input type="checkbox"/> Not applicable
List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.
<input type="checkbox"/> Not applicable
List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.
<input type="checkbox"/> Not applicable



Child's Name
--------------

This portion does not pertain to this program

### 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 N/A 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		Do Not Give <u>Permission</u> to Transport
Program or Home Name <b>Ashland YMCA</b>	<b>OR</b>  Do not sign both	Program or Home Name
<b>has permission</b> 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.		<b>does not have permission</b> 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. ☒ 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.

**\*\*We are a fully potty trained facility.**

**We cannot diaper the children in our care.\*\*\***

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

Child's Name ( <i>print or type</i> )	Date of Birth
<b>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):</b>	
<b>Section A- EXAMINATION</b>	
√ 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> ):	
Check below, if applicable:	
<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
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.**

<b>IMMUNIZATION (Complete ONLY ONE SECTION below)</b>	
<b>Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases:</b> Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.	
<b>Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER:</b> <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>	<b>Initials of Examining Health Care Practitioner</b>  <hr/> <b>Date</b>
<b>Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S):</b> <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):	<b>Signature of Parent</b>  <hr/> <b>Date</b>

## Family Needs Survey for Step up to Quality

We want to support any needs you or your family may have. The information you provide on this for is CONFIDENTIAL

Please circle Y (Yes) or N (No) to best describe your current situation for each topic. If you circle Y for an item, please briefly list the CONCERN if this is an area of need for your child or family. Our goal is to provide resources to support you and your family, based on your answers.

Child/Children's Name(s):	Caretaker's Name:	Date Completed:
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TOPICS	Briefly List CONCERN
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**Child Development and Education-** Does anyone in your family have any need for resources or support in the areas listed below?

Y	N	Information on growth and development.	
Y	N	Guiding and supporting a child's behavior.	
Y	N	Medical or disabilities or possible conditions for any child or adult in the family.	
Y	N	Obtaining toys or activities to use to help any child in your home.	
Y	N	Preparing your child for kindergarten.	

**Child and Family Health-** Does anyone in your family have any need for resources or support in the areas listed below?

Y	N	Health insurance and/or access to regular medical care, dental care or medications.	
Y	N	Medical or health supplies or supports that anyone in your family needs.	
Y	N	Accessing immunizations.	
Y	N	Finding a pediatrician, general practitioner, dentist, therapist, psychologist, optometrist, or other specialty practitioner.	
Y	N	Concerns with depression, anger, anxiety, or mental health needs.	
Y	N	Concerns with alcohol, drug or addiction problems.	

**Financial and Household Supports-** Does anyone in your family have any need for resources or support in the areas listed below?

Y	N	Help paying for childcare.	
Y	N	Help finding housing or safe housing.	
Y	N	Help paying your mortgage or rent.	
Y	N	Help with food expenses.	
Y	N	Finding household items such as furniture, clothing, or school supplies.	
Y	N	Access to transportation or transportation expenses.	
Y	N	Attending school (such as GED, Certifications or college degrees)	
Y	N	Help finding work or job training	

Are there other needs you or your family have that are not listed above:
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Parent Signature:	Date:
Administrator or Designee Signature:	Date:

**FOR STAFF USE:**

Resources provided to the family:
Administrator or Designee Signature and Date:
Referrals provided to the family:
Administrator or Designee Signature and Date:

