

2021-2022 DCA ENROLLMENT

Please complete this form and return it along with a non-refundable \$35 registration fee.

Part and Full Time Preschool includes the following days:

Class	Days	Time	Child's Age	Tuition
Pre-K AM (Aug-May) Pre-K PM (Aug-May)	M-F	8:30-11:15 AM 12:15-3:00 PM	4 by 8/1/2021*	\$250 monthly
Full Time Program (Year round)	M-F	7:00-5:30p	18 months-5 years old	\$195 weekly (potty trained) \$205 weekly (non-potty trained)
School Age Summer Program (May - Aug.)	M-F	7:00-5:30p	Kindergarten- 4 th grade(completed)	\$155 weekly no sibling \$130 weekly sibling in program

Child's Name: _____

Child's Birthday: _____ / _____ / _____

Child's Age/Grade _____

Parent Name: _____

Parent Address: _____

Street

City

Zip Code

Parent Phone Number: _____

Parent Email Address: _____

Circle the program that you are interested in for the 2021- 2022 program year.

Full Time Program

Pre-K AM

Pre-K PM

School Age Summer Program

Office Use Only:

Start Date: _____

Paid: _____

FT Classroom: _____



Delaware Christian Academy

2280 W Williams St Delaware, Ohio 43015

Phone (740) 369-2524

Fax (740) 369-2279

Dcawired.org

Dear Parent,

We are excited that you've chosen to enroll your child at Delaware Christian Academy! Our goal is to create a safe, loving, educational and Christian environment for all children enrolled in our various programs. As Director, it is my personal goal to minister to both the children and families of DCA. Please know that my door is always open to you to discuss questions or concerns you might have.

Enclosed with this letter is an enrollment packet which includes the necessary paper work that is required by our licensing agency, the Ohio Department of Job & Family Services, and also by Delaware Christian Academy. Forms must be completed and returned prior to the first day of enrollment, unless otherwise noted.

We have your child scheduled to start _____

On your child's first day of school, please bring the following items:

- At least one change of clothing to be kept in child's cubby (pants, shirt, shoes, underwear)
- Items for napping (blanket & sheet)
- A family photo to keep in the classroom
- If child is not yet potty trained– diapers and wipes (Little Angels, Little Cardinals, Little Lambs)
- Any creams/lotions/medications your child uses regularly to be left at school (bring these items to the front desk and there you will need to fill out appropriate paperwork)
- A water bottle (only water is allowed) please label with your child's name (water bottles go home daily to be washed at home and returned the next day)

During your child's first day (or days), please feel free to call to check in with us to see how your child is adjusting. We want to partner with you and your family to make sure the transition to DCA is a smooth and easy adjustment. Please call or email with any questions or concerns!

Sincerely,

Traci Bender
Director
Traci@dccwired.org

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
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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. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, please indicate which number(s) 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			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. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, please indicate which number(s) 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 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	
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	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. <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.

Delaware Christian Academy-Application/Teacher Information

Child's name

first middle last

Nickname (if any)

Address

Home phone _____ Birth date _____

The following questions are asked so that we may have a better understanding of your child to help us better relate and interact. It also gives us the ability to meet individual needs.

Mother's name

Occupation

Best Phone Number to Reach Parent

Father's name _____ Occupation _____

Best Phone Number to Reach Parent _____

Marital Status _____ married _____ separated _____ divorced _____ single

If divorced or separated, with whom does the child live? _____

Please explain custody/visitation arrangements:

Any custodial parent or guardian shall be permitted unlimited access during hours of operation, unless court documentation stating otherwise accompanies the child's paperwork.

Siblings:

NAME /AGE NAME/AGE

Church affiliation

Does your child have any physical disabilities, developmental delays, or health/allergy concerns, major surgeries, accidents, ?

_____ Yes _____ No

Please explain _____

How does your child respond to authority and interact with other children? _____

Does your child have any fears? Does he or she have a security item?

Does your child have a favorite activity? _____

Has your child previously been enrolled in another childcare facility? _____ Yes _____ No

Do you have any additional information that would be helpful in understanding your child?





Delaware Christian Academy Child Release Permission Form

As the legal custodial parent/guardian of _____,
 I give permission to Delaware Christian Academy to release my child into the care of any of the individuals listed below. I understand that this individual will be asked to present photo identification. If this individual is unable to do so my child will be unable to be released. I also understand that my child will not be released into the care of any individual not listed on this form, unless prior written notification, signed and dated by myself is given to Delaware Christian Academy. All individuals listed must be sixteen years old.

Individual my child may be released to:	Individual's relationship to my child:
1.	Mother
2.	Father
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

 Signature of parent/guardian

 Date

In the case of special custody arrangements, formal custody or restraining order papers must be on file. Delaware Christian Academy cannot restrict a parent from a child or the facility without court documentation with specific limitations listed.



Photo Release Form

for

Name of child

I give permission for photographs and video to be taken of my child for purposes deemed appropriate by Delaware Christian Academy, such as, but not limited to, program slideshows, media, and DCA website.

Parent Signature _____ Date _____

I do not give permission.

Parent Signature _____ Date _____



Delaware Christian Academy Child's Information Verification

As the legal custodial parent/guardian of _____, I understand that it is my responsibility to keep all information on any required paperwork current during my child's enrollment at Delaware Christian Academy. This paperwork includes the Child Enrollment & Health Information Form, Child Release Permission Form, Child Medical Statement, Application, Child's Information Verification Form and Photo Release Form. I understand that I may change any information originally given, as needed, throughout my child's enrollment at Delaware Christian Academy. I also verify that all information on the above mentioned forms is currently up-to-date.

Signature of parent/guardian

Date