

## 2022-2023 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)	M - F	(L) 8:30-11:15am (J) 8:45-11:30am	4 by 8/1/2021*	\$250 monthly
Pre-K PM (Aug-May)		12:15-3:00 PM		
Full Time Program (Year round)	M-F	7:00 AM - 6:00 PM	18 months-5 years old	\$195 weekly (potty trained) \$205 weekly (non-potty trained)
School Age Summer Program (June 1 - Aug. 13)	M-F	7:00 AM - 6:00 PM	Kindergarten- 4 <sup>th</sup> 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 discuss questions or concerns you might have.

Enclosed with this letter is an enrollment packet. It will include the necessary paperwork that is required by our licensing agency, the Ohio Department of Job & Family Services, and 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 to fill out appropriate paperwork)
- A water bottle (only water is allowed) labeled 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,

Christina DeLong

Director

Christina@dccwired.org

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?				
<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	
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 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**

<b>Give <u>Permission</u> to Transport</b>		<b>OR</b> <b>Do not sign both</b>	<b>Do Not Give <u>Permission</u> to Transport</b>	
Program or Home Name			Program or Home Name	
has <b>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.			does <b>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	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.



# 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.

<b>Individual my child may be released to:</b>	<b>Individual's relationship to my child:</b>
1.	<b>Mother</b>
2.	<b>Father</b>
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

\_\_\_\_\_  
Name of child

- I give permission for photographs and video to be taken of my child for purposes deemed appropriate by Delaware Christian Academy (DCA), such as, but not limited to, program slideshows, media, and any DCA social media platforms including DCA Website.

I acknowledge it is my responsibility to update this form if I no longer wish to have my child's image used. I agree that this form will stay valid while my child is enrolled in this childcare program, unless I choose to update it.

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

- I **do NOT** give permission for my child's photo to be taken and/or be used on any items listed above.

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

\*\*\*\*\*AND\*\*\*\*\*

- I do give permission for my child to be photographed for the class picture that will most likely be posted at DCA and taken home by other's in that class?

YES     NO

\* Children's names will not be posted online



## **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



Dear DCA Parents,

We are setting up a text messaging system for all parents at DCA to be used when weather emergencies or school closings/delays occur. When our center is closed or delayed unexpectedly, you will receive notification through this text messaging system. Please sign below and include your phone number and we will take care of adding you to the system. **However, you MUST hit accept when the text message is sent to your phone, for the process to be complete.** We feel this will improve our communication with all parents when unforeseen closings or delays happen. Thank you for your cooperation!

Please let us know if you have any questions.

Thank you!

*Christina DeLong*

Director

Phone Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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> ):	
<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: _____
<b>Signature of Examining Health Care Practitioner</b>	<b>Date of Examination</b>
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>	<b>Initials of 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>Date</b>
<b>Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S):</b>	<b>Signature of Parent</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>Date</b>