

2023-2024 DCA PROGRAM INFO

Part and Full Time Preschool includes the following days:

Class	Days	Time	Child's Age	Tuition
Morning Pre-K <i>(September-May)</i> Afternoon Pre-K <i>(September-May)</i>	Mon – Fri	8:45-11:30 a.m. 8:30-11:15 a.m. 12:15-3:00 p.m.	4 by 8/1/2023*	\$2,500.00 <i>(9 monthly payments)</i>
Full Time Program <i>(Year round)</i>	Mon – Fri	7:00-6:00 p.m.	18 mo. - 5 years old	\$205/week <i>(potty trained)</i> \$215/week <i>(non-potty trained)</i>
School Age Summer Program <i>(May 30, 2023 – Aug 11, 2023)</i>	Mon – Fri	7:00-6:00 p.m.	Kindergarten - 4 th grade <i>*children going into Kindergarten can enroll/children who completed 4th can enroll*</i>	\$155/week \$130/week <i>*with sibling enrolled in program*</i>

FEES

- A *non-refundable* \$35.00 enrollment fee must be paid to secure your child's spot in the program.
- We charge two activity fees throughout the year: \$75.00 activity fee for the school year/\$50.00 activity fee for the summer months. This payment is due at the start of the school-year & summer.

OPEN-HOUSE

PRE-K open house: Monday, August 28th, 2023 6:15-7:15

Full-time open house: Wednesday, August 9th, 2023 6:15-7:15

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



DCA Payment Options- Part Time Pre- K

Option #1 - ACH

Reoccurring monthly ACH payments

These payments will be scheduled by our Finance Dept. to automatically withdraw from your checking/savings account each month on the 1st of the month. (Authorization Form Required)

Option #2 - Credit Card

This option will allow you to utilize the online payment portal. With this option, an **additional 2.5% transaction fee for credit card and 1% for ACH or debit will be added to the tuition amount.** You can access the payment portal at our website; www.dccwired.org.

Option #3 - Bill Pay / Check

This is simply paying via check either through your personal bank Bill Pay or a physical check on a monthly basis.

Please contact Susan Coburn with any finance related questions or concerns:

740-369-2929

susan@dccwired.org

Please remember that tuition is due on the first Monday of each month.

Payment Policy

Part Time Preschool

Tuition must be paid the first day of each month the program is in session.

If we are notified that your child is on vacation or is out ill, tuition will be due the day your child returns. If payment is not received on this day, a written notice will be issued requesting tuition be paid in full by the next day the program is in session. A \$15.00 late payment fee will be charged if payment is not received by the 10th of the month. Failure to comply may result in your child not being able to return to the program in which they are enrolled. Revised 08/03/21

Payment Options:

Option #1 – ACH

Option #2 – Credit Card

Option #3 – Bill Pay / Check

Child's Name: _____

Recurring ACH Payment Authorization

I _____ (Full Name) authorize Delaware Christian Academy to charge my bank account indicated below for \$ \$250 monthly starting on the first day of the program.

This payment is for Pre-K Tuition.

Billing Information:

Billing Address _____

City, State, Zip _____

Phone # _____

Email _____

Bank Details

Checking Savings

Bank Name _____

Account Number _____

Routing Number _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify in advance a minimum of 2 weeks in writing of any changes in my account information or termination of this authorization. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Delaware Christian Academy may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$ 25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

(Account Holder's Signature)

DATE _____



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?				
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 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

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.



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.



**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

2280 Marysville Road Delaware, Ohio 43015
Phone: 740-369-2524 Fax: 740-369-2279



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? _____



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. **Please be sure to update us if your phone number changes, so we can update it in the system.** 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 # _____

Print Parent/Guardian Name: _____

Date: _____

Phone # _____

Print Parent/Guardian Name: _____

Date: _____



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

Ohio Department of Job and Family Services
ROUTINE TRIP PERMISSION FOR CHILD CARE

Routine Trip Information	
Routine Trip Destination(s)	Length of entire property, including but not limited to; backside yard, side walks, parking lot, + north yard.
Date of Permission (valid for one year)	August 1, 2023 - August 1, 2024
Mode of Transportation (walking, school bus, public transportation, parent vehicles, provider vehicle and driver)	walking
During this trip children will have access to water that is 18 inches or more in depth. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? (if yes, a swimming permission slip is required) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Child's Information	
Child's Name	
My child is <input type="checkbox"/> not over 4 years and/or 40 lbs <input type="checkbox"/> over 4 years and 40 lbs <input type="checkbox"/> 8 years and/or over 4' 9"	
Signature	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date