



Grove City Christian
Child Care Center

A Ministry of The Naz

All About Me

My name is _____ My birthday is _____

My parent/s' names are _____

The best person to call for me is _____ at # _____

People who will be picking me up from childcare include: _____

My family and I go to church at _____

We go (circle one) all the time every once in awhile not really

I go to school at _____

Best way to communicate with parents: phone calls notes meetings

My parent's email is _____

The following people live with me: _____

My pets are named _____

My favorite foods are _____ drinks _____

My favorite snack food is _____

My favorite color is _____ and my favorite toy is _____

Things that interest me include: _____

Words that describe my personality: _____

Special things I want you to know about me: _____

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 <u>cannot be listed</u> 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		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? 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 2 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 <u>GCCC CC</u>			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 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.

Additional Pick-up Contact Information

Please only put down people who you would want to pick your child up from child care.
Make sure to let the contact know to bring their ID with them.
Please be sure to sign and date this form

Childs Name:

Contact Name: _____
First Last

Relationship: _____

Contact Name: _____
First Last

Relationship: _____

Contact Name: _____
First Last

Relationship: _____

Contact Name: _____
First Last

Relationship: _____

Contact Name: _____
First Last

Relationship: _____

Parents Signature: _____ Date: _____



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Consent for Use of Student Photograph and Video

Throughout the year, GCCCCC will have the opportunity to photograph and video various student activities. These opportunities could include, but are not limited to, classroom activities, first day in a classroom, field trips, water play day, etc. These photo/videos might be posted outside a classroom for parents to see, be used in our graduation video during Pre-School Graduation night, various school publications such as our website, social media sights, promotional materials, magazine and newsletters. In all publications it is our intent to highlight and celebrate our school and the success of each child. In order to do so in a thorough and complete manner, it is our preference that all families allow for photos of their child/children to be used. However, we wish to remain respectful of our families' wishes and ask that you provide us with permission in order to include your child/children in photos/videos.

Please complete the authorization form below and indicate your preference for the use of your child's photograph and/or video. Please note GCCCCC reserves the right to use GROUP photographs and videos of 4 or more students without references to names. We will not use any individual student photographs or videos without written consent.

Consent Form

Child's Name _____

Individual photograph's ___ Yes ___ No

Individual Video's ___ Yes ___ No

Group Photograph ___ Yes ___ No

Group Video ___ Yes ___ No

Signed (parent or guardian) _____ Date _____



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EZ-EFT Authorization Form

I hereby authorize my financial institution to make periodic payments on my behalf from the checking, savings or credit card account listed below and transfer it to **Grove City Christian Child Care Center**. **This transfer of funds will take place each week for my weekly child care tuition.**

CHOOSE ONE:

Checking Account Transfer
(Voided check must be attached)

Savings Account Transfer

CHOOSE ONE:

Monday or Friday

Credit Card Charge

Visa Master Card AMEX Discover

Credit Card Number: _____

Expiration Date: _____

I understand that I am in full control of my payments and I will notify you if at any time I decide to make any changes, discontinue this service, or change or close my credit card or bank account.

Child's Name: _____

Name _____

Address: _____

City: _____ State _____ Zip _____

Signature: _____ Date: _____