



Student Registration Checklist

Child Name: _____

Parent(s) Name(s): _____

We are thrilled to have your child joining us at Montgomery Nursery School! Please return the paperwork listed below in order to secure your spot for the 2019-2020 school year.

Items to be completed and returned to Montgomery Nursery School to Secure Spot

- Student Registration Form
- \$75 Enrollment Fee
- First Payment of Tuition to be applied to May 2020

Items to be completed and returned to Montgomery Nursery School Prior to the Start of the School Year

- Child Enrollment Form
- Child Medical Statement
**This must be completed by your child's physician, and is only valid for one year from the child's exam date and then an updated form is required
- Child Transportation Authorization Form
- Directory Release Form
- Photo Release Form
- Confidential Form

*To return forms/payments when the Preschool is not in session, please mail to:

Montgomery Nursery School
Church of the Saviour UMC
8005 Pfeiffer Rd
Montgomery, OH 45242

Forms may also be dropped off at the Montgomery Nursery School Office at Church of the Saviour. Please place completed registrations in a sealed envelope and put through the mail slot in the office door or in the MNS Mailbox in the Church Office.

If you have questions, please do not hesitate to contact us by phone at 513-984-1796
or by email at erin.sprang@cos-umc.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		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 <u>at least one person</u> 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		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	<u>Do Not Give 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.	Do not sign both	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.

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			

Child Last Name: _____ Child First Name: _____ Class: _____



CHILD TRANSPORTATION AUTHORIZATION

The following people will be allowed to pick up my child from school. *Please note: **a written note is required for anyone not on this list.*** Before releasing a child, a photo ID of any unknown transporting adult may be requested (at the teacher's discretion).

Name: _____	Phone Number: _____	Relationship to Child: _____
Name: _____	Phone Number: _____	Relationship to Child: _____
Name: _____	Phone Number: _____	Relationship to Child: _____
Name: _____	Phone Number: _____	Relationship to Child: _____
Name: _____	Phone Number: _____	Relationship to Child: _____
Name: _____	Phone Number: _____	Relationship to Child: _____

The above listed are authorized to pick-up and drop-off my child at Montgomery Nursery School. I understand that **no one** other than those on this list will be allowed to pick up my child, unless specified in writing.

Parent Signature

Date

Child Last Name: _____ Child First Name: _____ Class: _____



DIRECTORY RELEASE

I give my permission to have my name, my email address, my child's name, address, and telephone number included on my child's class roster/directory. The directory will be made available only to families currently enrolled in Montgomery Nursery School.

I do not give my consent for roster/directory.

Parent Signature

Date

Child Last Name: _____ Child First Name: _____ Class: _____



Photo Release Form

Montgomery Nursery School takes many photographs throughout the year. Photographs are used for a variety of purposes. Many are used in the classroom for instructional purposes while other are used in school-wide slide shows and celebrations. These photos are only shared within the walls of Montgomery Nursery School.

Montgomery Nursery School also has a website Facebook page, and Instagram page that are used as a platform to share all the wonderful things happening in the school with our parents, prospective parents, and the Church of the Saviour community. From time to time, we are asked to submit photos to our local newspapers. Postings published on the website and Social Media sites will **never** include your child's name. However, the local newspapers request **first and last names** of children for captioning purposes.

Montgomery Nursery School also creates photo advertisements using photos of the children and classrooms to distribute to potential families. These advertisements are for our Open House and for Registration purposes.

We would love for your child to be included in our photographs in the ways that you feel most comfortable. Please sign the release form below indicating your preferences for the photographs taken of your child.

PHOTO RELEASE FOR PUBLICATION

- | | | |
|------------------------------------------------------------------------------------------|-----------|----------|
| My child's photographs may be used on the Montgomery Nursery School's webpage. | YES _____ | NO _____ |
| My child's photographs may be used on the Montgomery Nursery School's Facebook page. | YES _____ | NO _____ |
| My child's photographs may be used on the Montgomery Nursery School's Instagram account. | YES _____ | NO _____ |
| My child's photograph may be used in the newspaper. | YES _____ | NO _____ |
| My child's photograph may be used in advertisements for the school. | YES _____ | NO _____ |

Parent Signature

Date

Child Last Name: _____ Child First Name: _____ Class: _____



Confidential Form

We are looking forward to having your child at our school. In order for us to form a true partnership, it is helpful to have information about your personal and family life. This information will be kept confidential. Please complete and give to your child's teacher at our Meet the Teacher meetings or on the First Day of School.

Family Life

Mother's Name: _____

Father's Name: _____

Occupation: _____

Occupation: _____

Does your place of employment offer field trips that would be appropriate for Nursery School age children?

Does your place of employment offer field trips that would be appropriate for Nursery School age children?

YES _____ NO _____

YES _____ NO _____

If yes, please specify: _____

If yes, please specify: _____

Do you have an occupation, hobby, or family tradition that you would be willing to share or demonstrate with our school children?

Do you have an occupation, hobby, or family tradition that you would be willing to share or demonstrate with our school children?

YES _____ NO _____

YES _____ NO _____

If yes, please specify: _____

If yes, please specify: _____

Marital Status:

Siblings' Names & Ages (if applicable):

Single ___ Married ___

Separated ___ Divorced ___

Religious Preference: _____

Would you like to know more about Church of the Saviour children & youth, adult or music ministries? YES _____ NO _____

Room Parents assist with organizing special snacks around the holidays, coordinating classroom needs (such as play-doh making or other projects as teachers need), help coordinate donations for luncheons. Would you be interested in being a room parent?

YES _____ NO _____

If yes, please specify which parent: _____

Child Last Name: _____ Child First Name: _____ Class: _____

Health & Habits

Please list any food restrictions or allergies:

Has your child ever been hospitalized?

YES _____ NO _____

If yes, please explain:

Does your child eat well? YES _____ NO _____

Sleep well? YES _____ NO _____

Is your child potty-trained? YES _____ NO _____

Does he/she have frequent tantrums? YES _____ NO _____

Does your child have fears or anxieties we ought to know about?

YES _____ NO _____

If yes, please specify:

Social Experiences

Which elementary school will your child attend?

Has your child had negative group experiences prior to enrollment in preschool?

YES _____ NO _____

If yes, please specify:

Please use the space below to list any additional information that would be helpful to us when working with your child: