

Child's Name & DOB _____ Current Grade _____ 2023/2024 School _____

Parent's Name _____ Parent's Email Address _____

BCLC Summer Camp 2023

YES-- My child WILL be attending Summer 2023 NO-- My child will NOT be attending Summer 2023

We require a 5 full day enrollment for School-Age children.
Preschool and Pre-K children are still able to enroll part-time.

I would like to enroll my child for: 3 Days 4 Days 5 Days

2 day enrollment option may be possible depending on classroom availability for Preschool & Pre-K children

Days Attending:	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
	Full Day_	Full Day_	Full Day_	Full Day_	Full Day_
	½ Day _	½ Day _	½ Day _	½ Day _	½ Day _

Reminder-- We do require a full-summer commitment-- May 31 - August 9th

BCLC School Year- Fall 2023-2024

YES-- My child WILL be attending Fall 2023-2024 NO-- My child will NOT be attending Fall 2023-2024

I am enrolling my child in:

Preschool (3 years old by August 1st) Pre-Kindergarten (4 years old by August 1st)

BCLC Kindergarten (8:00-2:00p **ONLY**) BCLC Kindergarten with Before & Aftercare

School-Age K-5 (**Before Care**) School-Age K-5 (**Aftercare**)

School-Age K-5 (**Before & Aftercare**)

*****3 & 4 day options are only available to Preschool children!*****

I would like to enroll my child for: 3 Days 4 Days 5 Days

2 day enrollment option may be possible depending on classroom availability for Preschool children.

Days Attending:	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
	Full Day_	Full Day_	Full Day_	Full Day_	Full Day_
	½ Day _	½ Day _	½ Day _	½ Day _	½ Day _

Teacher Preference Fall 2023/2024 : _____

We will do our best to honor your request, but we can't guarantee placement. Keep in mind, we do not take teacher requests for Summer, nor do we take student requests. Thank you!

Parent Signature _____ Date _____

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 <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 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	
City		State		City	
Telephone Number		Relationship to Child		Telephone Number	
Telephone Number		Relationship to Child		Telephone Number	
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. <input type="checkbox"/> 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. <input type="checkbox"/> Not applicable
List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits. <input type="checkbox"/> Not applicable
List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs. <input type="checkbox"/> 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 Give Permission to Transport
Program or Home Name	Do not sign both	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.



Parent Compliance 6

Form

Please read the following carefully before signing. Initial each statement below.

Parent Handbook:

- 1.) I have received, read, and understand the written policies and procedures of Beaver Creek Christian Learning Center and will abide by these policies as stated in the Parent Handbook.
- 2.) I agree to have my child's Medical Statement and immunization records turned in no later than 30 days after the first day of attendance (new students) or 30 days after the expiration date of the existing Medical. Otherwise, my child is subject to be withdrawn from the center.
- 3.) I will not bring my child to the center if he/she has any of the following symptoms in a 24-hour period: vomiting, diarrhea, pink-eye, severe cough, skin rash, or a fever of 100 degrees or more.
- 4.) If my child becomes ill at the center, I will pick them up as soon as I am notified.
- 5.) I (or representative) will sign my child in/out as soon as they arrive at the center or they are picked up for the day.
- 6.) I agree to have my child(ren) here by 8:30am (school year) to ensure that he/she is receiving the full benefits of the academic program.
- 8.) I agree to have my school age child here well before the departure of the BCLC bus listed below. Parkwood/Shaw: 7:45am. Main: 8:15am. Trebein: 8:25am. Valley/Fairbook: 8:30am. **Once the BCLC bus departs we will not be able to offer before care transportation.
- 9.) I will call/email/Procare message and report an absence or a late drop-off (after 8:30am).
- 10.) ***I agree to notify BCLC of any direct exposures or positive COVID-19 cases within my household and abide by the center's policy.
- 11.) I will not drop off my child during the hours of 12:00pm-2:00pm per our no nap policy.

Financial Compliance:

- 12.) I agree to pay for all charges incurred for my child, including but not limited to tuition, activity fees, late payment fees (\$25 each week account is not paid in full), and any additional charges that may incur. I will have my account paid in full by Friday at 6:00pm for the week that the child attends.
- 13.) If my account incurs 3 or more late fees, that is grounds for withdrawal.
- 14.) I agree that tuition is for my child(ren)'s guaranteed spot regardless of attendance.
- 15.) I agree that vacation days may not be used unless my account is paid in full.
- 16.) I agree to give two weeks' written notice of withdrawal for my child. A vacation week is not permitted to be used as part of your notice. I am responsible to pay for the two weeks regardless of attendance.

I have read and understand that I am responsible for all policies and procedures of Beaver Creek Christian Learning Center. In order to assure that the most quality care is provided, I must abide by these policies that are put in place.

Parent/Guardian Signature: _____

Date: _____

Responsible Party SSN#: _____

Ohio Department of Education - Office for Child Nutrition
CHILD AND ADULT CARE FOOD PROGRAM
ENROLLMENT FORM

Required Form for use by Child Care Centers and Head Start Programs

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside-School-Hours, Youth Development & After School At Risk

Instructions for Completion

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e) (2) require that an enrollment form be **completed annually** and signed by the child's parent or guardian.

CENTER NAME

CHILD'S NAME
(please print)

AGE

BIRTHDATE

month / day / year

**CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE
AND THE MEALS RECEIVED WHILE IN CARE**

Check (✓) Days Child Normally in Care	List Hours Child Normally in Care				Check (✓) Meals Child Normally Receives while in Care					
	Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

Yes, The schedule listed above may frequently vary due to changes in parents/guardians schedule

SIGNATURE OF PARENT/GUARDIAN

DATE

DAY PHONE NUMBER

MAILING ADDRESS: STREET /APT.

CITY

ZIP CODE

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

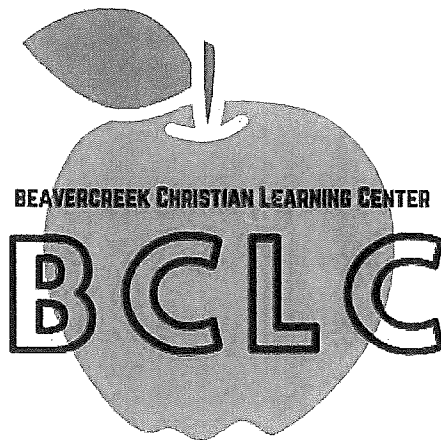
This institution is an equal opportunity provider.

(rev. 12/3/2015)

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REQUEST FOR ADMINISTRATION OF MEDICATION FOR CHILD CARE

<p>This form is to be completed for each prescription or non-prescription medication that a child needs to receive while in care.</p> <p>It is not required to be completed for topical products, lotions, or if the medication is required by a health care plan (JFS 01236).</p>		
Child's Name	Date of Birth (if needed to determine the correct dosage)	Weight (if needed to determine the correct dosage)
Box 1 The following section must always be completed by the parent/guardian.		
Name of medication SUNSCREEN	Dosage	
	<input type="checkbox"/> See attached	
To be administered at the following times	For the following period of time	Medication expiration date
<p>I understand:</p> <ol style="list-style-type: none"> 1. This form expires twelve months from the date of my signature, if box 2 has not been completed. 2. That my child must receive at least one dose of medication at home prior to the program administering the medication (unless the medication is used for emergencies). 		
Signature of Parent/Guardian		Date
Box 2 The following section must be completed by a licensed physician, licensed dentist, advanced practice registered nurse or certified physician's assistant when any of the following apply:		
<ol style="list-style-type: none"> 1. The nonprescription medication contains codeine or aspirin; 2. A physician's instruction is needed for a nonprescription medication; 3. The child does not meet the minimum age or weight requirements as listed on the label instructions on the nonprescription medication; 4. The nonprescription medication is to be given longer than three consecutive days within a fourteen-day period; 5. The intended use differs from the manufacturer's instructions or use 		



1850 N. Fairfield Rd. Beaver Creek, Ohio 45432
 Phone: (937) 426-0079 Fax: (937) 426-2490

Permission to Transport

*****Schoolage children ONLY– Kindergarten-5th Grade*****

.....
 Beaver Creek Christian Learning Center has permission to transport my child to and/or from _____ (name of elementary school) for the 2023/2024 school year.

Name of Student: _____

Grade for 2023/2024 School Year: _____

Student's Home Address: _____

Name of Parent/Guardian(s): _____

Phone Number of Parent/Guardian: _____

Parent Signature: _____ Date: _____