



Department of Education

Ursuline Preschool & Kdg.
4300 Shields Road
Canfield, Ohio 44406

#1

Preschool Enrollment Form

2017-2018

Revised 7/11/2016
This form meets Ohio Administrative Code.

Section I - Student & Family Information

Child's Name, Date of Birth, Family/Guardian Name, Home Address, City, State, Zip, Cell Phone, Call Order, Home Phone, Call Order, Employer Name, Work Phone, Call Order, Employer Street Address, City, State, Zip

Alternate Family Information:

Family/Guardian Name, Cell Phone, Call Order, Family Street Address, Home Phone, Call Order, City, State, Zip, Work Phone, Call Order, Employer Name, Employer Street Address, City, State, Zip

Section II - Authorization for Emergencies

List 2 Emergency Contacts for use ONLY if the parents cannot be contacted:

Name, Street Address, City, State, Zip (two columns)

Please select 1, 2 or 3 to set call order of phone number used to reach emergency contact:

Home, Cell, Work (two columns) with Call Order options

List Medical Contacts, In Case Of Emergency:

Physician, Dentist, Street Address, City, State, Zip, Phone (two columns)

Section III - Child's Health Information

Child's Chronic Medical/Health Needs

Empty box for child's chronic medical/health needs

Over Please

Please complete both pages of form

Child's History of Hospitalization:

[Empty box for Child's History of Hospitalization]

Child's Disease History:

[Empty box for Child's Disease History]

Child's Allergies/Treatment:

[Empty box for Child's Allergies/Treatment]

Child's Dietary Needs/Restrictions:

[Empty box for Child's Dietary Needs/Restrictions]

NOTE: A MEDICATION FORM MUST BE COMPLETED FOR EACH MEDICATION ADMINISTERED WHILE IN PROGRAM ATTENDANCE

Child's Medication/s:

[Empty box for Child's Medication/s]

Section IV- Registration Authorizations

I authorize the following to be listed on the parent roster:

My child's name Yes No

Family name Yes No

Phone numbers Yes No

Exempt from immunizations because of religious conviction: Yes No

Child immunization records attached: Yes No

Annual Class Roster: Each year the program prepares a roster for each group of children. This roster will not be furnished to any persons other than parents of children enrolled in our program.

Cell Home Work

Date

[Empty box for Date]

Signature of Authorized Family Member/Guardian

[Empty box for Signature]



**Department
of Education**

Office of Early Learning and School Readiness
Child Medical Statement

*Ursuline Preschool & Kdg.
4300 Shields Road
Caufield, Ohio 44406*

Revised 7/11/2016

This form meets Ohio Administrative Code. Programs may use this form or build their own.

Section I - Child Medical Information

Child's Name _____

Date of Birth _____ Height _____ Weight _____

Immunizations:		Exempt from Immunization:	
Complete for Age	<input type="radio"/> Yes <input type="radio"/> No	Religious Conviction	<input type="radio"/> Yes <input type="radio"/> No
In Process	<input type="radio"/> Yes <input type="radio"/> No	Health	<input type="radio"/> Yes <input type="radio"/> No
		Other	_____

Limitations or health conditions, including allergies, medications, and dietary restrictions.

Section II - Child Medical Statement Verification

Physician/Clinic/Hospital Name _____ Provider Address _____

Provider Phone Number _____ Provider City _____ Provider State _____ Provider Zip _____

Check box of examining medical professional:

- Physician
- Physician's Assistant
- Advanced Practice Nurse

This child has been examined and is in suitable condition to participate in group care.

Signature of Medical Professional _____ Date of Exam _____

Assessments/Screenings	Completed		Date completed	Results	Reason not completed
	Yes	No			
Vision	Yes	No			
Hearing	Yes	No			
Dental	Yes	No			
Lead	Yes	No			
Hemoglobin	Yes	No			

Was a referral made? Yes No Reason: _____



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Office of Early Learning and School Readiness
**Preschool and School Age Child Care
Medication Form**

Revised 7/11/2016

This form meets Ohio Administrative Code. Programs may use this form or build their own.

A Medication Form is a request for the administration of prescription and non-prescription medication.

A separate form must be completed for each medication.

Except in cases of emergency, families provide the first dose of any newly prescribed medication so that they may personally observe the child's reaction.

Section I - Request for Administration of Medication

Name of Child	Child's Age
_____	_____
Medication Name	Dosage
_____	_____
Staff Authorized to Administer Medication	Dosage Time/s
_____	_____
Physician Signature	Date
_____	_____

All prescription medicine must be current within the last twelve months, kept in its original container and have a legible label containing the child's name and written instructions for use from a licensed physician, nurse practitioner, or dentist.

All medicines must be kept in a place inaccessible to children. An inhaler or nonprescription medication may be available to a school child with a special health condition with parental permission in accordance with the program's policy.

Section II - Authorized Staff Member Medication Log

Dosage Date/Time	Dosage Amount	Trained and Authorized Staff Member Signature

Over Please

Ursuline Preschool & Kindergarten

2017 - 2018

Parent Responsibility Form

#4

I understand that by enrolling my child in Ursuline Preschool & Kindergarten, I am assuming responsibility for the support of the program through prompt payment of tuition and fees as well as volunteer participation as needed. I will adhere to all preschool policies. I know that enrollment is not complete until all required paperwork is in. I understand that this agreement is for the school year 2017 - 2018.

Parent Signature: _____

Date: _____

Tuition is due by the 15th of each month, September through May

	Supply Fee paid once a year	Monthly Tuition paid for 9 months (annual)	
Time for Two	----	\$25.00	----
3 Year Old	\$110.00	\$160.00	\$1,440.00
4 Year Old	\$125.00	\$200.00	\$1,800.00
5 Year Old	\$140.00	\$275.00	\$2,475.00
Transitional Kindergarten			
Kindergarten	\$150.00	\$360.00	\$3,240.00

CHECK THE SESSION NEEDED:

___ Time for Two : Tuesday___ Thursday___ Friday___

Class time each day 9:00 am -10:00 am

___ 3 yr. old - 2 half days (Tues., Thurs.) ___ 8:30-11:00 am ___ 12:30-3:00 pm

___ 4 yr. old - 3 half days (M-W-F) ___ 8:30-11:00 am ___ 12:30-3:00 pm

___ Transitional Kindergarten (M-F)* 8:15 am - 12:30 pm

___ Kindergarten (M-F)* 8:15 am - 3:00 pm

Preschool Enrichment Program: Mon. thru Fri: am & pm (pick up registration forms in office)

Transitional Enrichment: Mon. thru Fri. 12:30 - 2:30 (pick up registration forms in office)

***TRANSITIONAL KINDERGARTEN AND KINDERGARTEN PARENTS need to list the following "PUBLIC SCHOOL" your child would be attending "IF" they were not enrolled at UPSK.**

SCHOOL NAME _____

SCHOOL ADDRESS _____

SCHOOL DISTRICT _____

Ursuline Preschool & Kindergarten

PERMISSIONS FORM

#5

2017 - 2018

Media Release

I **DO** **DO NOT** give my permission to have my child appear in any media coverage
(Circle One)
approved by the school. Examples include, but not limited to, brochures, posters, newspapers.

School Website Permission

I **DO** **DO NOT** give my permission to have my child appear in any pictures placed
(Circle One)
on the Facebook/internet website I understand that names are never listed.

Parent/Teacher Communication Through E-Mail

Although e-mail has become a valuable communication tool, it is important to remember that it is not always a completely secure and confidential method of communication. We would like to make e-mail available as another possible way for parents to communicate with their child's teacher when appropriate. We are, however, concerned about maintaining privacy laws, especially as they relate to student records. We will not send any student record information via e-mail. If your e-mail address changes, you are required to fill out and sign an updated form before we send information to the new address.

_____ I give permission for general information regarding my child to be sent to me via e-mail, at the following e-mail address:

_____ I **do not** give permission for general information to be sent via e-mail.

Ethnic/Religious Background:

1. Is this Student Hispanic/Latino? __Yes __No

2. What is the student's race?

Black___ White___ Hispanic___ Asia/Pacific Islander___ Multi Racial___ Asian___

Remarks:_____

3. Religion: Catholic_____ Non-Catholic_____

Church:_____

Information Regarding Legal Custody *Ursuline Preschool & Kindergarten* 2017 -2018 **#6**

Child's Name: _____ Class: _____ Date: _____

Address of child's residence: _____

Child lives with: _____ both natural parents
_____ natural mother, step/adoptive father
_____ natural father, step/adoptive father
_____ only mother
_____ only father
_____ grandparents (with legal custody)
_____ other relative or guardian (with legal custody) Relationship: _____
_____ Other: Please explain. Include any arrangements that the school will need for its information and records: _____

Residential parent/guardian: Name: _____
Address: _____
City, Zip: _____
Phone: _____

Is there a court order (or pending order) affecting the custody and/or residency of the child? Yes No

Please attach a certified copy of the page of the court decision bearing the case number and those sections referring to visitation rights and contacts with the school. Also include the page bearing the judge's signature and court seal. This copy should include any and all modifications made as of the date of registration of the child in this school. It is also the responsibility of the parents to inform the director of any subsequent modifications during the child's tenure at the school.

Non-residential parent/guardian: Name: _____ Phone: _____
Address: _____ City, Zip: _____

Does the non-residential parent have visitation rights? Yes No

Is there a court decision that states that the non-residential parent should NOT receive school information or attend school activities? Yes No

Is the non-residential parent responsible for paying tuition: Yes No

CHILD RELEASE INFORMATION

List of Person(s) to whom this child can be released: (Please print)

Please list anyone "specific" who your child IS NOT permitted to be released to:

Signature of person completing this form: _____

Child's Name <i>(Last)</i>	<i>(First)</i>	Nickname <i>(If any)</i>
<p><i>By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.</i></p>		
<p>Who is in the child's immediate family?</p>		
<p>Who lives at home with your child?</p>		
<p>What is the primary language spoken in your child's home?</p>		
<p>Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional Details?</p>		
<p>Are there any changes or transitions that your child has recently experienced or is experiencing? (divorce, new home, death of family member, friend or pet) Additional Details?</p>		
<p>Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)</p>		
<p>Do you have any pets at home? If so, what are they and what are their names?</p>		
<p>Are there any family holiday traditions that you feel may be significant?</p>		
<p>Has your child had a previous preschool or care experience? <input type="radio"/> Yes or <input type="radio"/> No Additional Details? (Center based, in home, with family, with parents, etc.)</p>		
<p>Does your child have an IEP?</p>		
<p>Is your child being serviced by an outside service provider? (example: speech, occupational therapy, physical therapy, hearing, etc.)</p>		

My child drinks <input type="checkbox"/> milk <input type="checkbox"/> juice <input type="checkbox"/> water. (Check all that apply)
Does your child have any favorite foods?
Does your child dislike any foods?
Are there any foods your child should not be fed? (Licensing requires documentation be completed for children with food allergies and/or dietary restrictions)
<p>Please check <u>all</u> of the words that best describe your child's personality and behavior</p> <p> <input type="checkbox"/> active <input type="checkbox"/> adventurous <input type="checkbox"/> affectionate <input type="checkbox"/> anxious <input type="checkbox"/> bossy <input type="checkbox"/> bright <input type="checkbox"/> busy <input type="checkbox"/> calm <input type="checkbox"/> cautious <input type="checkbox"/> cheerful <input type="checkbox"/> content <input type="checkbox"/> creative <input type="checkbox"/> curious <input type="checkbox"/> easily-angered <input type="checkbox"/> emotional <input type="checkbox"/> energetic <input type="checkbox"/> excitable <input type="checkbox"/> friendly <input type="checkbox"/> gives-in-easily <input type="checkbox"/> happy <input type="checkbox"/> hesitant <input type="checkbox"/> insecure <input type="checkbox"/> jealous <input type="checkbox"/> likes structure/routines <input type="checkbox"/> loud <input type="checkbox"/> loving <input type="checkbox"/> mellow <input type="checkbox"/> outgoing <input type="checkbox"/> prefers adult attention <input type="checkbox"/> quiet <input type="checkbox"/> sensitive <input type="checkbox"/> serious <input type="checkbox"/> shares-well <input type="checkbox"/> social <input type="checkbox"/> spontaneous <input type="checkbox"/> stubborn <input type="checkbox"/> tentative <input type="checkbox"/> other: </p>
Are there additional personality and behavior characteristics that would be useful to know about your child? (example: separation anxiety)
Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?
What routines/actions or items do you use to comfort your child?
What causes your child to feel angry or frustrated?
What methods do you use to respond to your child's negative behavior?
Does your child engage in some form of physical activity daily?
How much time daily does your child spend on electronic devices?
Does your child use the toilet independently?
What words, gestures or signs does your child use if he/she needs to use the bathroom?

What time does your child normally go to bed at night and wake up in the morning?	
What time(s), and for how long, does your child usually nap?	
What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)?	
Does your child have trouble sleeping (night terrors, trouble going to sleep, etc.)? Please explain.	
What might you and/or your child be anxious about as he/she starts in this program?	
What are you and/or your child excited about as he/she starts in this program?	
What are your expectations of this program?	
What other information would be helpful for the staff caring for your child to know?	
Parent/ Guardian's Signature	Date

Adopted from Ohio Department of Job and Family Services.