



Morning Care
Epiphany Lutheran Church

Name of Child

Nickname

Birthday

Age

Sex

CALENDAR

The Program operates from **Monday, September 10, 2018 to Friday May 24, 2019**. The program will follow the Centerville City Schools for vacations and weather related closings.

HOURS

The program has morning sessions from 8:00 AM-noon and extended sessions from 8:00 AM to 2:00 PM. The program serves children ages 2 months to 6 years. A \$5 late fee will be charged for each additional 15 minutes after noon/2:00 PM. **We are flexible, not requiring a set schedule however you must register your child's days with the Child Care Center Administrator a minimum of 48 hours so we can assure adequate staff. Please note that flexible schedules are not guaranteed.**

REGISTRATION FEE

A \$35 non-refundable registration fee is due when you register your child in the Morning Care Program.

DAILY FEES

The cost of the Morning Care Program is \$22 per day (8:00 AM-noon) and \$32 per day (8:00 AM-2:00 PM) per child (\$17/\$27 for each additional child). The Before/After Preschool Program rate is \$12 per day/ (until noon) and \$22 per day (until 2:00 PM).

PAYMENT

Forms of payment accepted are check, cash and credit card. To pay by Credit card, payments must be made online and a user account must be set up at www.epiphanydayon.org, go to **Online Giving** and designate **Morning Care**.

QUESTIONS? Please contact Tonya Johns, Child Care Center Administrator at 937-750-6317 or tjohns@epiphanydayon.org.

Date _____

Parent or guardian signature _____

Email Address _____

How did you hear about our program? _____



Like us on Facebook at **"Morning Care at Epiphany Lutheran Church"**

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
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 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. <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			



EPIPHANY LUTHERAN CHURCH

Video/Photography Release Form

NOTE: If participant is under 18, then the signature must be from the legal guardian or parent.

I. Grant Consent

I, the undersigned, do hereby give my consent and unrestricted permission to Epiphany Lutheran Church, hereafter referred to as Epiphany, and those acting on their behalf as follows:

1. In the event videos, photographs, illustrations, and/or other images taken of me or my child _____ (child's full name- please print) are taken or created by or on behalf of Epiphany, all right, title, and interest in and to the images and all related materials shall be owned by Epiphany or as Epiphany may determine.
2. Epiphany shall have the irrevocable right to use, publish, reproduce, create derivative works of, distribute, transmit, publicly display, either digitally or in any other medium now known or later developed, such images in any form, e.g., digital media, video, print. I agree that these may be used for a variety of purposes (educational, publicity, etc.) without further notifying me. This includes, but may not be limited to Epiphany's web site, social networking (e.g., Facebook), videos, printed materials such as brochures, newsletters, posters, flyers, slide shows, and other educational and promotional modes of communication.
3. I do understand that my child's name, first and/or last name, will not be used in conjunction with any video or digital images. Epiphany utilizes monitored, public social media accounts to which members of the public can post content. Epiphany disclaims responsibility for any postings to such social media accounts by third parties.
4. I hereby release, discharge, indemnify, and agree to save harmless Epiphany and its employees, agents, and volunteers from and against any loss, liability, costs, and expenses arising, directly or indirectly, from Epiphany's publication or use of such images or my likeness, including, without limitation, any claims for invasion of privacy or right of publicity, or loss or liability resulting therefrom.
5. Although forms are completed each year for students, I understand that the latest signed form shall remain in effect until I provide written notification to Epiphany Lutheran Church, which I can do at any time after signing.

II. Deny Consent or Limited Usage

- I deny permission to use my/my child's images in any situation. (Please note, by checking this box, your child might not be able to participate in certain events.)

Parent/guardian Signature _____ Date: _____

Name	
Street Address	
City, State and Zip Code	
Home Phone	
Cell Phone	
Email address	

Please make a copy of this form for your own records and return the original to Epiphany Lutheran Church. If you have questions, please contact the Administrative Assistant or Director of Administration at (937) 433-1449.

ALTERNATE TRANSPORTATION ARRANGEMENTS

Name of Child

Date (good for current school year)

Signature of Parent

I authorize my child's teacher, or other designated representative of Epiphany Lutheran Preschool, to release my child to the following person/s for before or after-school transportation.

Name

Relationship to child

Address

Phone

Name

Relationship to child

Address

Phone

Name

Relationship to child

Address

Phone

Morning Care Payment Policy

Updated 9/2016

Morning Care payments are to be paid no later than 30 days from the date of service. Morning Care functions as ministry of Epiphany Lutheran Church and in doing so tries to meet the needs of each individual family. Families can make payment arrangements with the administrator that best suit their individual family. Payments can be made in person with cash or check or can be made online at www.epiphanydayton.org, go to Online Giving and mark Morning Care.

If Morning Care tuition is not paid by the 60 day mark, a letter to the parent/guardian will be sent, requesting past due payments be made immediately. If tuition is not paid by the 90 day mark, a meeting will be set with the parent/guardian to determine a payment plan for the past due payments and upcoming tuition due. If tuition is not paid by the 120 day mark, a meeting will be held with the parent/guardian to discuss disenrollment from the program.

We are a Christian community that wants each family to feel comfortable and welcome at Morning Care at Epiphany Lutheran Church, therefore, if a financial circumstance occurs that affects your tuition payments, please discuss this with the administrator so that a plan can be established to help the child remain in the program and the family can be financially comfortable.

Parent/Guardian Signature _____

Date _____

