



**Child
Care
Center**

2022 - 2023

New Family

Registration

Packet



**ENROLLMENT / TUITION AGREEMENT
PRESCHOOL / CHILDCARE
SCHOOL YEAR—(2022-2023)**

My child, (Please print) _____ Birthday: _____ is enrolled for:

Program & Days Attending: (Please Circle)

Preschool (2 ½ hr.)

9 - 11:30 am: M T W TH F

12 - 2:30 pm: M W F

Childcare: (All Day)

M T W TH F

Class: _____

Your Monthly Preschool tuition rate of \$ _____ due prior to the 10th of the current month.
(Payments not made prior to the 10th of the current month will be charged a \$10 fee each week until paid in full)
(1 month of unpaid tuition may result in the expulsion of your child until balance is paid in full.)

Your Weekly Childcare tuition rate of \$ _____ due the beginning of every week.
(Payments not made by the last day each week will be charged a \$10 fee each week until paid in full)
(2 weeks of unpaid tuition may result in the expulsion of your child until balance is paid in full.)

A registration fee of \$ _____ must be paid prior to acceptance of enrollment paperwork.
\$50.00 (1 CHILD) \$100.00 (FAMILY) (All registration fees are non-refundable)

- The parent/guardian agrees to be responsible for the tuition payment of the agreed upon, scheduled days for the school year.
- The parent/guardian understands they are subject to a \$35.00 fee to be assessed for any returned check. If more than one check is returned, checks will no longer be accepted for payment, all future payments must be made by cash, bank check, or money order.
- The parent/guardian understands that scheduled days are established by the Childcare Center. Fees will not be waived or refunded for school days missed due to family vacations, illness, or for any other reason.
- The parent/guardian understands that the only days Childcare children will not be billed for are the days the Childcare Center is closed.
- There are no adjustments of fees for Preschool tuitions.
- By signing this enrollment/tuition agreement I understand and I will abide by the above mentioned conditions.

Parent / Guardian Signature _____ Date _____

Parent / Guardian Name (Print) _____

Registration Fee:

Amount: _____ Check # _____ or Cash _____ Recvd. _____

Date Received: _____ By: _____

Date Processed: _____ By: _____

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT FOR CHILD CARE

| | |
|---|--|
| Child's Name (<i>print or type</i>) | Date of Birth |
| Note: Sections A and B must be completed by the examining Health Care Practitioner (Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner): | |
| Section A- EXAMINATION | |
| ✓ The above named child has been examined. | |
| ✓ The above named child is in suitable condition for participation in group care (i.e. free of infectious disease, mentally and physically fit to be in group care). | |
| ✓ The above named child does not have allergies OR is allergic to the following (<i>please list in space below</i>): | |
| | |
| Check below, if applicable: | |
| <input type="checkbox"/> Additional information that will assist the child care program in providing appropriate child care for the above named child (special health care and developmental considerations) accompanies this form. | |
| Optional: Measurements and Recommended Assessments/Screenings | |
| Height _____ | Vision _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Weight _____ | Lead _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
| BMI _____ | Hearing _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dental _____ | Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Notes: | |
| Signature of Examining Health Care Practitioner | Date of Examination |
| Name of Examining Health Care Practitioner | Telephone Number |
| Street Address | City, State and Zip Code |

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD INCLUDING DATES (MM/DD/YYYY FORMAT) OF DOSES OF ALL IMMUNIZATIONS.

| | |
|--|--|
| IMMUNIZATION (Complete ONLY ONE SECTION below) | |
| Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases: | |
| Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus. | |
| Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER: <input type="checkbox"/> The above named child has been immunized against the diseases listed above. <i>If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):</i> | Initials of Examining Health Care Practitioner Date |
| Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S): <input type="checkbox"/> I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s): | Signature of Parent 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 | | |
| 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 | | |
| 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 <u>cannot</u> be listed 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 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 | |
| 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? <i>(check all that apply)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes - <i>check all that apply</i> <input type="checkbox"/> Food <input type="checkbox"/> Medication <input type="checkbox"/> 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? <i>(check one)</i> <input type="checkbox"/> No <input type="checkbox"/> 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? <i>(check one)</i> <input type="checkbox"/> No <input type="checkbox"/> 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? <i>(check one)</i> <input type="checkbox"/> No <input type="checkbox"/> 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? <i>(check one)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain | |
| If yes, does this medication or medical food need to be administered at the child care program/home? <input type="checkbox"/> No <input type="checkbox"/> 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? <i>(check one)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain | |
| Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group? <input type="checkbox"/> No <input type="checkbox"/> Yes - written instructions from the child's health care provider must be on file. <input type="checkbox"/> N/A - program does not provide meals or snacks to the child. | |

* Child's Name

Diapering Statement *N/A*

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 Permission to Transport

Program or Home Name

Church of the Lakes CCC

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.

OR
Do not sign both

Do Not Give Permission to Transport

Program or Home Name

Church of the Lakes CCC

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.

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.

☐ 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.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

☐ Not applicable



YOUR FAMILY INFORMATION For Your Teacher

Date: _____

Child's Name: _____
(Last) (First) (Middle)

Child's Nick Name: _____

Date of Birth: _____ Gender: M F

Address: _____ (Street)
_____ (City) OH _____ (Zip Code)

Who to contact first if your child is ill

Name: _____ Cell # _____

Home Phone #: _____

Parents:

Mother's Name: _____ Cell # _____

Occupation: _____ Work # _____

Father's Name: _____ Cell # _____

Occupation: _____ Work # _____

Parents: Married Separated Divorced Other
(Please Circle)

Siblings:

| | | | |
|----------------|-------|-----|-------|
| Brother/Sister | _____ | Age | _____ |
| Brother/Sister | _____ | Age | _____ |
| Brother/Sister | _____ | Age | _____ |



Child Care Center
5944 Fulton Drive NW
Canton, OH 44718
(330) 499-0500
info@cotlchildcare.com

STUDENT PICK-UP AUTHORIZATION

The people listed below are 18 years of age or older and are authorized to pick up my child(ren) from Church of the Lakes Child Care Center.

Child's Name: _____

Time of pick-up: _____ (Approx)

Mother's Name _____ Cell # _____

Father's Name _____ Cell # _____

Adult's Name _____ Relationship _____ Cell # _____

Adult's Name _____ Relationship _____ Cell # _____

Adult's Name _____ Relationship _____ Cell # _____

PLEASE NOTE:

Anyone coming to pick up your child(ren) who is not on this list will not be allowed to leave with your child(ren). At the time of pick-up, the designated pick up person will be asked to present a state issued picture identification or driver's license. This is to ensure the safety of your child(ren). Parent signature below acknowledges acceptance of this policy.

Parent/Guardian Signature _____ Date: _____



Dear Families,

If you would like a copy of the Church of the Lakes Childcare Center's "Parent Handbook" you can access it online at www.cotlchildcare.com. Go to Main Menu > Form > Handbooks > Parent Handbook.

If you do not have access to a computer, please feel free to request a copy from our office.

Thank you,

Lisa Wright
Director



Child Care Center
5944 Fulton Drive NW
Canton, OH 44718
(330) 499-0500
info@cotlchildcare.com

Media Release & Newsletter Information

Child's Name _____ Date of Birth _____

I, the undersigned parent/guardian of the above named child or ward, hereby give the express consent for this child to participate in photographs sent by the teacher to the parents only. They will not be shared with anyone else or on social media. I, the undersigned parent/guardian of the above child further agree to exonerate and indemnify Church of the Lakes Childcare Center and its employees from any and all claims, actions, judgments, which may arise from media release. We do not post anything on Facebook or any other media.

_____ I only give permission for my child's picture to be taken for classroom purposes **ONLY**

_____ No, I do not give permission for my child picture to be taken for classroom posting at all.

Media Release constitutes any photographs taken while your child is in attendance at Church of the Lakes Child Care Center.

RELEASE STATEMENT

I hereby accept all responsibility for, and assume the risk of any injury or damage to my person or dependent children, which might arise directly or indirectly as a result, and or participation in Church of the Lakes Child Care program. I hereby expressly release, discharge, and hold harmless from any liability whatsoever Church of the Lakes Child Care Center, expressly including, but not limited to, its owner and employees, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors, and assigns. Church of the Lakes Child Care center is not responsible for misplaced, lost or stolen items.

Parent/Guardian Name: _____ (print)

Parent/Guardian Signature: _____ Date: _____



Church of the Lakes Child Care Center Financial Policies

Tuition:

- **Forms of Payment:** Cash, Personal Check, Cashier Checks or Money Order are acceptable forms of payment. Advance payments are accepted. Credit Cards not accepted.
- **Due dates:** All charges are due during the current cycle of the tuition. **Childcare Charges** are a **weekly payment** due the first day of the current week, each week.
- **Preschool Charges & Transitional Kindergarten Charges** are a **monthly payment** due the current month prior to the 10th of that month.
Before/After School Charges are a **weekly payment** due prior to the end of the current week, each week.
Other Charges (Playgroup, Hot Lunch, other) are due at **the time of the service** unless otherwise stated.
- **Overdue Payment Charges:** All payments not made within the above mentioned due dates are subject to a late fee charge of \$10 per week until the outstanding balance is paid in full.
- **NSF Check Charges:** A **recovery fee of \$35.00** will be assessed for any check that is returned due to Nonsufficient Funds. If two checks are returned due to NSF within a calendar school year then only cash, cashier's check or money order will be the acceptable form of payment going forward.
- **Registration Fee** each child/family will be assessed a \$50 fee for 1 child or a \$100 fee for 2 or more children. The registration fee is due at the time of registration and is non-refundable.
- **Credits:** **Fees will not be waived or refunded for any reason.** Credits for center closure will be extended to Child Care students only. No adjustments of fees will be extended to Monthly tuitions. No credits will be extended for illness. Due to our nine month schedule we do not offer vacation day credits.
- **Center Closures:** The list that follows are the only dates the **Center is closed** unless otherwise noted.
Labor Day (Monday), Thanksgiving (Wednesday, Thursday & Friday), Christmas Break (same as Jackson Local Schools two weeks), **Good Friday, Spring Break** (Follow Jackson Local Schools), **Memorial Day (Monday), Independence Day (July 4th)** Tuition credits extended to weekly tuitions only.
- **Late Pickup/Early Drop-Off Fees:** A fee of \$9.00 per hour will be charged for children dropped off more than 15 minutes prior to their scheduled class start time and to children picked up later than their classes scheduled ending time.

Further a fee of \$7.00 per minute will be charged every minute for each child picked-up after 6:00PM.

**Church Of The Lakes
ChildCare Center Charges**

Pricing August 2022 - May 2023

2022 COTL CCC Charges.xlsx

| | | | | Tuition | | |
|--|------------|---|--|-----------------|-----------|--------------------|
| | | | | Weekly Charges | | |
| Activity | Ages | Times | | 1st Child | 2nd Child | |
| Child Care /All Day | 2.5 - 4yrs | 6:30 AM - 6:00 PM | | 1 Day | \$55 | N/A |
| | | | | 2 Days | \$100 | \$90 |
| Open on calamity & Snow days | | | | 3 Days | \$135 | \$125 |
| | | | | 4 Days | \$195 | \$185 |
| | | | | 5 Days | \$195 | \$185 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | Monthly Charges | | |
| Activity | Ages | Times | | 1st Child | 2nd Child | |
| Pre-School | 2.5 - 4yrs | 9:00 AM - 11:30 AM | | 1 Day | \$105 | N/A |
| (Due regardless of attendance) | | 12:00 PM - 2:30 PM | | 2 Days | \$190 | \$180 |
| | | M W F | | 3 Days | \$205 | \$195 |
| Closed on calamity & Snow days | | | | 5 Days | \$280 | \$270 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | Monthly Charges | | |
| Activity | Ages | Times | | 1st Child | 2nd Child | |
| Transitional Kindergarten | 5yrs | 9:00 AM - 12:00 PM | | 4 Days | \$280 | \$270 |
| (Due regardless of attendance) (by Sept. 30) | | | | 5 Days | \$290 | \$280 |
| | | | | | | |
| Closed on calamity & Snow days | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | Daily Charges | | |
| School Agers | Grades | | | | | |
| | K - 5 | Before School | | | \$10 | \$8 |
| | | | | | | |
| Pickup | | After School | | | \$15 | \$12 |
| | | | | | | |
| | | | | | 1st Child | Family |
| | | Registration Fee | | | \$25 | \$50 |
| | | Snow Days/Jackson In Service & Holidays | | | \$50 | \$45 |
| | | | | | | |
| Extra Supplemental Charges | | | | | | |
| Activity: | | | | Daily Charges | | |
| Extra Hourly Charges (Extended Hours) | | | | Hour | \$9 | (Rd to the 1/2 Hr) |
| Play Group | | | | | \$23 | Per Time |
| | | | | Reg Fee | Child | Family |
| | | | | | \$50 | \$100 |