

# Church of the Lakes Child Care Center

5944 Fulton Drive, NW  
Canton, OH 44718  
330.499.0500  
www.cotlchildcare.com  
info@cotlchildcare.com

## Student Registration

2025-2026

Preschool: 9:00AM-12:00PM  
Childcare: 6:30AM-5:30PM  
Before Care 6:30AM - Bus  
After Care: Bus - 5:30PM

### Student's Information

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ M F

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Known Food Allergies: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Medical/Health Conditions: \_\_\_\_\_

Does your child have an IEP or does your child receive services? YES NO  
Please explain: \_\_\_\_\_

Has your child attended preschool before: YES NO

If so, When/Where: \_\_\_\_\_

Siblings ages and names: \_\_\_\_\_  
\_\_\_\_\_

### Parent's Information

Parent Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Employer/Position: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Employer/Position: \_\_\_\_\_

Parents: Married Separated Divorced Other: \_\_\_\_\_

Child lives with: Mother Father Other: \_\_\_\_\_

Emergency Name/Contact: Who to call if your child is ill?  
\_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_ Cell: \_\_\_\_\_

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 Signature

Date

Office Use Only:

Date Rec'd: \_\_\_\_\_ Check No. \_\_\_\_\_

### PROGRAMS

Please select program and circle days

2.5 - 3 Year Childcare - Weekly \$230  
2 Days \$130 / 3 Days \$165  
Mon / Tue / Wed / Thur / Fri

2.5 - 3 Year Preschool - Monthly \$320  
2 Days \$225 / 3 Days \$240  
Mon / Tue / Wed / Thur / Fri

3 Year Childcare - Weekly \$230  
2 Days \$130 / 3 Days \$165  
Mon. / Tue / Wed / Thur / Fri

3 Year Preschool - Monthly \$320  
2 Days \$225 / 3 Days \$240  
Mon / Tue / Wed / Thur / Fri

4 Year Childcare - Weekly \$230  
2 Days \$130 / 3 Days \$165  
Mon / Tue / Wed / Thur / Fri

4 Year Preschool - Monthly \$320  
2 Days \$225 / 3 Days \$240  
Mon / Tue / Wed / Thur / Fri

PreK (5yo) Childcare - Weekly \$230  
Must be 5 by Aug 1, 2025  
One year of preschool experience  
5 Days \$230

PreK (5yo) Preschool - Monthly \$320  
Must be 5 by Aug 1, 2025  
One year of preschool experience  
5 Days \$320

Before Care - Daily \$10  
Mon / Tue / Wed / Thur / Fri  
School: \_\_\_\_\_  
Grade: \_\_\_\_\_

After Care - Daily \$15  
Mon / Tue / Wed / Thur / Fri  
School: \_\_\_\_\_  
Grade: \_\_\_\_\_



# 2025-2026 Financial Policies Tuition Agreement

1. Forms of Payment: Cash, Personal Check, Credit Cards, Auto are acceptable forms of payment.
2. Due Dates: Childcare Fees are a weekly payment due the first day of the current week, each week. Preschool and Transitional Kindergarten fees are a monthly payment due by the 10th of the current month. Playgroup fees are due at the time of the service or can be included in your Autopay transactions.
3. **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.
4. **NSF Check Charges:** A recovery fee of \$35.00 will be assessed for any check that is returned due to Non Sufficient Funds.
5. **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 nonrefundable.
6. **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 tuition. No credits will be extended for illness or vacation.
7. **Center Closures:** The list that follows are the only dates the Center is closed unless otherwise noted. Labor Day (Monday), Columbus Day (Monday), Thanksgiving (Wednesday, Thursday & Friday), Christmas Break (same as Jackson Local Schools), MLK Day (Monday), President's Day (Monday), Good Friday, Spring Break (Follow Jackson Local Schools).
8. **Late Pickup/Early Drop-Off Fees:** A fee of \$10.00 per hour will be charged for preschool 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. A fee of \$10.00 per 15 minutes will be charged for each child picked-up after 5:30PM.

Your Monthly Preschool tuition rate of \$ \_\_\_\_\_ due prior to the 10th of the current month.  
 (Payments not made prior to the 10<sup>th</sup> 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 the balance is paid in full.)

Your Weekly Child Care 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 the balance is paid in full.)

Preschool/Child Care 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)

Your Weekly Before/After Care 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 the balance is paid in full.)

Before/After Care registration fee of \$ \_\_\_\_\_ must be paid prior to acceptance of enrollment paperwork.  
 \$25.00 (1 CHILD)    \$50.00 (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. Fees will not be waived or refunded for school days missed due to family vacations, illness, or for any other reason. 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) \_\_\_\_\_



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## 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: \_\_\_\_\_

Ohio Department of Children and Youth  
**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?					
<b>Emergency Contacts:</b> Parents <b>cannot be listed</b> 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 <b>if you cannot be reached</b> . 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		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 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 DCY 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 DCY 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 DCY 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 DCY 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a DCY 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.

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

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**

<b>Give <u>Permission</u> to Transport</b>		<b>OR</b> <b>Do not sign both</b>	<b>Do Not Give <u>Permission</u> to Transport</b>	
Program or Home Name Church of the Lakes Child Care Center			Program or Home Name	
<b>has permission</b> 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.			<b>does not have permission</b> 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 5180:2-12-15, 5180:2-13-15, and 5180:2-14-04.

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.

**Reset Form**