Church of the Lakes
Child Care Center
Family Registration Packet
2026-2027

We appreciate and feel privileged that your family has chosen Church Of The Lakes Child Care Center for your child's care. Registration can be confusing, so we have put together a packet to help you through the process. Please complete all the forms attached and return them as soon as you can to secure your child's spot for the coming year. We cannot stress enough that registration is a busy time and class space fills quickly so do not delay. Please ask any questions that you may have, we are here to help.

All children registering are subject to a $75.00 registration fee, which must accompany all completed forms contained within this packet at the time of you registering your child. Your registration cannot be completed or your spot secured until all forms are completed and returned to the center.

Please return the following to reserve your spot(s):

- Student Registration Form
- Tuition Agreement
- Child Medical Statement DCY 01305* (before 1st day of school)
- Child Enrollment and Health Information DCY 01234 (4 pages)
- Student Pick Up Authorization
- Registration Fee (check written to COTL)

***The Child Medical Statement DCY 01305 form must be completed by your child's examining physician. The form must be signed and dated by your physician along with a copy of your child's immunization record attached to it before the first day of school.** If your child has been diagnosed with asthma, a food or environmental allergy, food sensitivity or a medical condition that would require our staff to monitor them for symptoms/reactions and to take action if they display symptoms/reactions? If so, you will need to complete a separate **Child Medical/Physical Care Plan DCY 1236 form** for each diagnosis. If your child requires a modified diet that eliminates fluids (milk of any kind) or an entire food group (ie. nuts, etc) it is also required. Please see the Child Care office and we will be happy to supply you with the correct form.

If you have any questions or concerns, please contact us at 330.499.0500 or email Info@cotlchildcare.com.

Thank you for choosing our program to care for your child, we are looking forward to a great year.

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Tuition Rates
2026-2027

Child Care	**Ages**	**Times**	**Weekly Charges**
	2.5 - 4yrs	**6:30 AM - 5:30 PM**	**2 Day $140**
			3 Days $175
			5 Days $240
Preschool	**Ages**	**Times**	**Monthly Charges**
	2.5 - 4yrs	**9:00 AM - 12:00 PM**	**2 Days $235**
			3 Days $250
			4 Days $320
			5 Days $340
Play Group	**Ages**	**Times**	**Daily Charge**
	2.5 - 4yrs	**12:00 PM - 3:00 PM**	**$30**
Transitional Kindergarten	**Ages**	**Times**	**Monthly Charges**
	5 yrs (by Aug.18)	**9:00 AM - 12:00 PM**	**$340**
Registration Fee (Child Care/Preschool)	**$75 Nonrefundable per child**		

School Agers	**Grades K-5**	**Times**	**Daily Charges**
	Before School	**6:30 AM -Bus Pick Up**	**$12**
	After School	**Bus Drop Off - 5:30 PM**	**$15**
Registration Fee (School Ager)	**1 Child**	**$25 Nonrefundable**	
	Family	**$50 Nonrefundable**	
Late Pick Up:	**$10 per 15 minutes**		

Church of the Lakes Child Care Center

Student Registration
2026-2027

Student's Name: _____ Birthday: _____
First Middle Last

Nickname: _____ Student's Gender: ___Male ___ Female

Student's Home Address: _____ City: _____ Zipcode: _____

What school district does your child reside in? _____

Known food allergies: _____

Dietary Restrictions: _____

Medical / Health Conditions: _____

Does your child have an IEP or receive services? ___Yes ___ No

Please explain: _____

Has your child attended preschool before? ___Yes ___ No

If so, where and when? _____

Siblings ages and names: _____

Child lives with: __ Mother __ Father __Other Parents: __ Married __ Separated __Divorced

Mother's Information		Father's information	
Name:		Name:	
Cell:		Cell:	
Email:		Email:	
Employer:		Employer:	
Position:		Position:	

All ages are as of August 18, 2026

2.5 to 3 Year Old	___ Child Care: 6:30AM-5:30PM ___ Preschool: 9:00AM-12:00PM	**Circle Days:** Minimum of 2 days Mon / Tue / Wed / Thur / Fri
3 Year Old	___ Child Care: 6:30AM-5:30PM ___ Preschool AM: 9:00AM-12:00PM ___ Preschool PM: 12:30PM-3:00PM	**Circle Days**: Minimum of 2 days Mon / Tue / Wed / Thur / Fri
4 Year Old	___ Child Care: 6:30AM-5:30PM ___ Preschool AM: 9:00AM-12:00PM ___ Preschool PM: 12:30PM-3:00PM	**Circle Days:** Minimum of 3 days Mon / Tue / Wed / Thur / Fri
Transitional Kindergarten 5 Year Old	___ Child Care: 6:30AM-5:30PM ___ Preschool: 9:00AM-12:00PM	Must attend all 5 days.
Before Care - School Agers 6:30AM to Bus	___ Amherst ___ Lake Cable ___ Sauder ___ Strausser	**Circle Days:** Mon / Tue / Wed / Thur / Fri
After Care - School Agers Bus to 5:30PM	___ Amherst ___ Lake Cable ___ Sauder ___ Strausser	**Circle Days:** Mon / Tue / Wed / Thur / Fri

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. 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 Received: _____

Church of the Lakes
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2026-2027 Financial Policies
Tuition Agreement

1. **Forms of Payment:** Personal check or cash are acceptable for registration fees only. Autopay must be set up with your ACH (checking or savings account) or credit card for monthly and weekly payments. Please note there is a 3% processing fee when using your credit card. If you select ACH (checking or savings) there is an administrative fee of $2 per transaction.
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 the 1st of the current month. Playgroup fees are due the following month and will be included in your Autopay transactions.
3. **Registration Fee:** Child care and preschool children each will be assessed a $75 registration fee per child. Before and after care children are assessed $25 for 1 child or a $50 fee for 2 or more children. The registration fee is due at the time of registration and is nonrefundable.
4. **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.
5. **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, Monday), **Christmas Break** (same as Jackson Local Schools), **MLK Day** (Monday), **President's Day** (Monday), **Good Friday** (Monday), **Spring Break** (Follow Jackson Local Schools).
6. **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.

Please provide your email address to receive an Autopay invitation: _____

Your Monthly Preschool tuition rate of $ _____ due the 1st of the current month.

Your Weekly Child Care tuition rate of $_____ due the beginning of every week.

Preschool/Child Care registration fee of $ _____ must be paid prior to acceptance of enrollment paperwork. $75.00 (per child) (All registration fees are non-refundable)

Your Weekly Before/After Care tuition rate of $_____ due the beginning of every week.

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.

Your Child(ren's) Names: _____

Parent / Guardian Signature _____ Date_____

Parent / Guardian Name (Print) _____

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STUDENT PICK-UP AUTHORIZATION

2026-2027

Please list the names of people who may pick up your child. The people listed must be 18 years of age or older and are authorized to pick up my child(ren) from Church of the Lakes Child Care Center. Please keep this form current. Inform us at drop off, over the phone, Procare or email if someone else is picking up your child. In the event that someone new is picking up your child, please make sure they bring a state issued picture identification or driver's license.

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 # _____

Adult's Name _____ Relationship _____ Cell # _____

PLEASE NOTE:

Anyone coming to pick up your child(ren) who is not on this list will <u>not</u> 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). The 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 ☐ Same as Child's	Home Telephone Number ☐ 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. ☐ Yes ☐ No

If you answered yes, please indicate which information above to include on the list ☐ Work # ☐ Cell # ☐ Home # ☐ Email

Where can you be reached while your child is in this program/home?

Parent/Guardian Name #2	Relationship to Child
Home Address ☐ Same as Child's	Home Telephone Number ☐ 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. ☐ Yes ☐ No

If you answered yes, please indicate which information above to include on the list ☐ Work # ☐ Cell # ☐ Home # ☐ 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 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 / 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

Give *Permission* to Transport			**Do Not Give *Permission* to Transport**	
Program or Home Name Church of the Lakes Child Care Center		**OR** **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 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