

**NEW BEGINNINGS CHRISTIAN DAYCARE  
492 WILLIAMS ROAD COLUMBUS, OHIO 43207  
(614) 497-3815  
newbeginningsschool-daycare.org.**

**New Beginnings Christian Daycare is a privately owned daycare center, owned and operated by New Beginnings Assembly of God Church. The primary purpose of New Beginnings Christian Daycare is to provide a wholesome, loving atmosphere for working and non-working parents who need or wish to place their child in our care. We strive to provide a program for total educational development which involves progress toward spiritual, intellectual, physical and social maturity. Within the limits of our facilities, we offer our services to children regardless of race, color or ethnic origin. We endeavor to integrate learning based on the fact that all truth is from God.**

**LICENSE**

**New Beginnings Christian Daycare is a fully licensed facility by the State Department of Human Services. We are authorized to care for children ages 18 months through school age.**

**The laws and rules governing our daycare center are available at the daycare office upon request. Our office phone number is (614) 497-3815.**

**HOURS OF OPERATION**

**New Beginnings Christian Daycare operates from 6:00 a.m. to 6:00 p.m. Monday through Friday, year round with the exception of the closings listed in this handbook.**

## **STAFF/CHILD RATIOS**

**A complete list of staff/child ratios is enclosed in this parent handbook. Please refer to the required list for group sizes that pertain to your child's age group.**

## **ENROLLMENT**

**Students will be accepted on a full-time and part-time basis. There will be a NON-REFUNDABLE enrollment fee of \$50.00. All new enrollments are required to pay a deposit of one week's tuition. A two week notice is required for disenrollment. If the account is paid in full the deposit will be refunded.**

## **ATTENDANCE**

**Regular charges are made for the days scheduled whether or not the child is in attendance. This also applies to weeks which contain holidays and days the daycare is closed for weather emergencies. Tuition remains the same when a child is absent or the center is closed for any reason.**

## **HOLIDAYS**

**New Beginnings Christian Daycare will be closed on Memorial Day, Labor Day, Thanksgiving, the day after Thanksgiving, New Year's Eve, and New Year's Day. Regular charges will be made to students for the above days. Students who are part-time and are scheduled on a day that is a holiday will pay the regular charge for the day.**

## **VACATION**

**Two weeks of vacation per year is allowed and will be observed (1) the week of Christmas and (2) the week of July 4th. The center is closed and CHARGES ARE NOT MADE for these two weeks. However, CHARGES WILL BE MADE FOR ALL OTHER VACATION TIME THAT IS TAKEN.**

## **MEALS**

**Breakfast and snack are provided each day by the center. Each will contain at least two nutritional foods. Parents are required to provide a LUNCH for their child. This meal must consist of food from the following food groups: protein, grain, and two foods from the fruit/vegetable group. Fluid milk is also required, which the center will provide. All food must be stored in a lunch box/bag clearly marked with your child's name. The lunches will be stored in the classroom. Please be sure to include ice packs in your child's lunch if foods need to be kept cold. If a lunch does not meet the nutritional requirements then the center is mandated to provide the additional food (s). Parents may be charged for the extra foods.**

## **POLICY FOR REPORTING CHILD ABUSE**

**According to the Ohio Revised Code, day care employees, day care administrators, and child care workers are required by law to report known and/or suspected abuse, injury or neglect cases immediately to the Franklin County Children's Services.**

## **RACIAL NONDISCRIMINATION POLICY**

**New Beginnings Christian Daycare Center recruits and admits children of any sex, race, color, ethnic origin or religion to all the rights, privileges, programs and activities offered by the daycare.**

## **CHAPEL**

**All daycare classes have prayer, bible songs and stories as part of the preschool day. Also they attend a weekly chapel service.**

## **PARENT ROSTER**

**A roster of parent names and addresses is available in the office upon request.**

**Permission to include your name and address must be given in writing and is included on our Policy Agreement. You may also decide to have your name withheld from the parent roster and may so sign on the Policy Agreement at the time of enrollment.**

## **PROLONGED ABSENCE**

**A student will be dropped from enrollment automatically after ten days of continuous absence unless prior arrangements have been made with the daycare administrator. A re-enrollment fee will be charged for re-admission unless otherwise arranged by the administrator.**

## **LICENSING REQUIREMENTS**

**Our licensing records, which include building reports, fire reports, and health compliance reports are available for review from the Department of Human Services, 899 East Broad Street, 4th Floor, Columbus, Ohio 43205. Local phone # (614) 466-7765**

## **VISITING SCHEDULE**

**Parents are welcome to visit the school on a drop-in basis at any time. We welcome a telephone call or personal conference whenever you have questions or suggestions. Our sincere desire is that this will be a happy, profitable experience for both you and your child.**

## **SAFETY POLICY**

- ... A telephone is available in the office for use whenever necessary.**
- ... Regular monthly fire drills and tornado drills will be held.**
- ... A record of drills is posted in the front hallway.**
- ... Fire emergency and weather alert plans are posted in every room.**
- ...Quarterly Health Department inspections of kitchen facilities.**
- ... Incident reports are filled out by the supervising teacher for all injuries/illnesses and sent home to parents. A copy is filed in the child's permanent record.**
- ... No spray aerosols are used in the building around the children.**
- ... Pre-school children under 5 years of age do not take field trips.**
- ... No child is to be left alone or unsupervised.**

## **MEDICAL FORMS**

**State law requires that each child enrolled MUST have a physical examination upon entering the center and annually thereafter. You will be allowed no more than 30 days from the date of enrollment for the completion of the medical form. If medical forms are not completed and turned in by 30 days, the child will be disenrolled IMMEDIATELY.**

## **PRESCHOOL PROGRAM**

**We offer a structured preschool program during the morning hours. Our teachers use a phonics based curriculum for preschool education for 4/5 year old children anticipating Kindergarten the following fall.**

**The classroom teacher will implement weekly lesson plans that will include: Small Manipulative Activities, Gross Motor, Music, Arts and Science, Bible Time, Number Recognition, Letter Recognition and Phonics. Teachers are required to use a reward and consequence system in their classroom in addition to our discipline policy.**

## **CLASSROOM TRANSITIONING**

**When a child is moving to another classroom, the parents will be notified in writing of the dates and times the child will be visiting. Every effort will be made to make the transition as easy as possible. The child's name will appear on both rosters until the transition is complete.**

## **PAYMENT**

**Payment is due on Monday of the current week. AN ACCOUNT IS CONSIDERED DELINQUENT IF NOT PAID BY FRIDAY OF THE CURRENT WEEK AND A \$15.00 LATE FEE WILL BE CHARGED EVERY WEEK UNTIL THE ACCOUNT IS PAID IN FULL. Any account that falls two weeks behind can be automatically suspended. Re-enrollment is subject to paying all outstanding balances, re-enrollment fee, and space availability. EFFECTIVE 8/1/09 ALL PAYMENTS MADE WITH A CREDIT/DEBIT CARD WILL BE CHARGED A \$3.00 PROCESSING FEE.**

## **RETURNED CHECKS**

**There will be a \$25.00 service charge each time a check is returned. The parent or guardian will be required to pick up the dishonored check from our office with either cash or a money order for the face value of the check and all outstanding service charges.**

## **FINANCE CHARGES AND UNPAID ACCOUNTS**

**If a family withdraws from the center leaving an unpaid balance, a weekly late fee of \$15.00 will be added to the unpaid balance and charged to the account. All accounts over 90 days past due will be sent to a collection agency.**

## **MEDICAL POLICY**

**If a child is noticeably ill when entering the daycare, he will be isolated from other children until he/she feels better or the illness is diagnosed.**

**It is our policy to notify parents IMMEDIATELY and to follow procedures requested by parents.**

**In case of accidents: minor accidents will be treated with normal first aid procedures and an accident report will be sent home with the child, with a copy also put in the child's file.**

**In case of serious accident: an attempt to notify the parents will be made IMMEDIATELY. If it is deemed advisable, the child will be taken to the hospital or doctor for emergency treatment.**

## **CUSTODY AGREEMENTS**

**If there are custody issues involved with your child, you must provide the center with court papers indicating who has permission to pick up the child. The center may not deny a parent access to their child without proper documentation.**

## **GENERAL POLICY OF ADMISSION**

**We exist as a ministry to the community and have a desire to minister to as many people as we can. However, we realize our limitations. Therefore, we regretfully state that we can not accept or keep enrolled children with special needs that might affect the teacher's ability to operate an effective program for the majority of the class. This includes but is not limited to children with special physical, emotion, mental, or educational needs.**

**We reserve the right to refuse enrollment to any applicant that we feel has an opposing philosophy to New Beginnings - or that has given indication of uncooperation. And, we reserve the right to disenroll any child whose parent displays an uncooperative spirit.**

## **SCHOOL GRADES**

**In addition to our daycare program, New Beginnings Church also owns and operates New Beginnings Christian School. Our school program is fully chartered and accredited by the State of Ohio, Department of Education. All of our teachers have four year college degrees and hold Ohio teacher certification. We offer Kindergarten through 8th grade.**

## **PRESCHOOL GRADUATION**

**A program is held each spring for all classes. Each class presents a segment of the program and the Pre-K class has a graduation ceremony. Caps and gowns are provided for the students, and the students may purchase tassels for their caps. This event is a highlight of our year. We also have a Christmas program.**

## **COMMUNICABLE DISEASE POLICY**

**A communicable disease chart is posted in the front hallway. Any child or staff member exhibiting any of the following will be considered to be carrying a communicable disease and should not be brought to pre-school or daycare. If the child becomes ill while at school, the parent or guardian will be notified to remove the child. The child will be removed from the classroom and made as comfortable as possible until the parent arrives. An adult shall be within sight and hearing of a child who is isolated due to illness. No child is ever left alone or unsupervised.**

**The child will not be re-admitted to the center until he/she is symptom free for a period of 24 hours or until a physician's written permission verifies that the child is no longer contagious. Parents will be notified of exposure to communicable diseases in writing by a note on the classroom door.**

**Children who are not feeling well, but are not exhibiting any of the below symptoms are considered "mildly ill" and will be cared for and observed for further signs of illness. We do not care for mildly ill children who cannot participate in the daily activities of the center.**

**Staff members may administer medication and/or special diets to a child only after the parent or guardian has completed an ODHS form #1217. Staff members exhibiting any of the below symptoms will be sent home and a substitute staff member will replace them. Staff members are trained in the recognition of communicable diseases by a licensed R.N. There is at least one staff member trained in first aid and CPR at all times.**

**The following symptoms will be deemed communicable:**

**diarrhea (one or more times within 24 hours)  
severe coughing (child's face turns red or blue)  
difficulty or rapid breathing  
yellowish skin or eyes  
conjunctivitis (red, irritated, "runny" eyes aka "pink-eye")**



**temperature of 100 degrees Fahrenheit  
untreated, infected skin patches  
skin rashes  
unusually dark urine and/or gray or white stool  
stiff neck  
vomiting  
evidence of lice, scabies or other parasitic infestation**

**If you decide to keep your child home after he/she exhibits any of the above symptoms, or if he/she is diagnosed as having a communicable disease, please contact the office so that we may observe fellow students for symptoms.**

### **PARENTAL PARTICIPATION**

**Parents who need assistance with problems or complaints related to the childcare or daycare program should direct questions or complaints to the daycare administrator.**

**Parents are encouraged to visit their child's classrooms for observation, but please remember that visitors are distracting to the young children, so please try to keep visits brief.**

**Parents are also encouraged to volunteer to help with classroom activities or parties whenever possible.**

**Parents should feel free to discuss their child's needs or progress with the primary care giver at any time. All teachers and office staff are always willing to help in any way possible.**

**A progress report will be sent to each parent two times a year. This written documentation of the child's needs and progress will be discussed with the parents. At this time, the child's behavior, progress, social and/or physical needs and other pertinent matters will be discussed. Telephone conferences are encouraged when an in-person conference is not possible or practical. All conferences must be documented in writing and kept on file at the center.**

**Parents are requested not to telephone the center during the day to speak with their child, except in cases of emergency. This causes distress to children during the adjustment period. Parents are encouraged to feel free to call the center during the adjustment period, however, to have staff check on a newly enrolled or ill child.**

### **INSTRUCTIONS TO PARENTS**

- 1. All children ages 18 months and those enrolled in the 3 year old, 4 year old and pre-k classes will be required to take naps or rest quietly on their cots. The center does not have staff available to keep children who do not nap. School age children (K-12 years old) are not required to take a nap. You will need to bring a small blanket and pillow to be left here for your child. The blanket will be sent home every week to be washed and returned on Monday.**
- 2. Please bring an additional change of clothing.**
- 3. Please label all clothing worn and all items which you bring for use at the daycare. We cannot be responsible for lost articles but will do our best to assist you in finding anything that is misplaced or lost.**
- 4. Please do not bring any of your child's personal toys as the daycare provides toys for the children to play with. (A small toy to sleep with will be allowed.)**
- 5. Any medication, vitamins, cough medicine or special diets will not be administered to your child unless we have a signed statement from your doctor, giving the time and dosage of the prescribed medication. A release of liability provided in the application packet must also be signed by the parents or guardian. Over the counter medication must list the child's age and dosage on the label or have a doctor's prescription. All medication must be given directly to center personnel for immediate safe storage. Daycare staff members authorized to administer medicine are: Carol Hopkins, Carmen Gilmore and Charlotte Roff.**

- 6. If your child becomes ill, we will call you and keep him/her isolated from the other children. He/she will receive the best care we can give him/her until you are able to get here.**
- 7. Please try to be prompt in picking your child up by 6:00 P.M. or before, since that is the latest time the daycare will be open. A charge will be made at the rate of \$1.00 per minute for each child picked up after 6:00 p.m.**
- 8. All children, regardless of age, should be brought to their assigned rooms each day upon arrival. Teachers should be advised of each child's presence, and parents should assist with the removal of coats.**
- 9. When you pick up your child from daycare, please sign the pick-up log at your child's classroom door. THE CHILD MUST BE SIGNED OUT. If anyone other than the parent is to pick up the child, arrangements should be made in advance in the office.**
- 10. Be sure to notify the office of any changes in your status, such as: change of address, telephone or employment.**

### **INCIDENT REPORT**

**An incident report will be completed for all center related accidents or incidents that occur while in attendance at the daycare. The director or other designated personnel, the child's teacher at the time the incident took place and the parent will be asked to review and sign the report. A copy will be given to the parent and the original will be placed in the child's file. The report will include the following:**

- \*How and when the incident occurred.**
- \*A description of the injury.**
- \*Where in the center the incident took place.**
- \*The child's response.**
- \*The first aid given and by whom it was given.**
- \*The teacher responsible for the child at the time of the incident.**
- \*The age group of the children.**

## **EMERGENCY EVACUATION**

**If it becomes necessary to evacuate the center, the children will be escorted to the grassy area behind the parking lot. Teachers will take a count of children before and after exiting the building using their daily attendance record. Parents will be notified as soon as possible.**

## **EMERGENCY CLOSING PROCEDURES**

**If and when it becomes necessary to close the daycare for any reason such as heat or electrical outage, weather, etc. we will notify the parents as soon as possible.**

**If a decision to close is made before the next business day, we will announce it via television and/or radio. Stations used are as follows:**

**Television:           WCMH (4)    WSYX (6)    WBNS (10)  
Radio:                104.9 FM WCVO**

**In the event of a “stranger alert” or non-authorized entry, the building will be placed on lock down. No one will be allowed to enter the building.**

## **PLAYGROUND SAFETY**

**Conditions permitting, children will have a designated time each day for outdoor play.**

- \*Weather conditions may prevent the children from going outside.**
- \*Children must be appropriately dressed for weather.**
- \*Drinking water will be made available during hot seasons.**

### **Playground Rules:**

- \*No swinging on stomach.**
- \*No climbing on slides. (Sliding on bottoms only)**
- \*No climbing on fences.**
- \*No throwing dirt, sand, sticks or mulch.**

### **Safety Precautions taken by the daycare staff:**

- \*Teachers will place themselves throughout the playground area.**
- \*Children will not be sent back into the building unattended.**
- \*Children will be escorted to the restrooms inside.**

**\*Gates will be kept closed at all times and closely monitored.**

**\*Before a child is released from the playground, PARENTS MUST SIGN THEM OUT. Be sure the teacher is aware that the child is leaving for the day.**

## **OUTDOOR PLAY**

**Outdoor play is included in our program on a daily basis. We will limit the amount of time outside when the temperatures are very warm or very cold. Children will not be taken outside when the temperature (wind chill and heat index factored in) drop below 35 degrees or rise above 90 degrees. If the situation requires it we will also adjust outdoor time due to rain, threatening weather, ozone warnings, etc. The children also have the opportunity to go to the gym everyday that outdoor play is not provided due to these conditions. Please send your children with proper clothing so they may be safe and comfortable whenever we are outside.**

## **DISCIPLINE POLICY**

**We attempt at all times to discipline your child in a kind, but firm manner. Positive reinforcement, taking away of privileges, sitting on a chair or discipline notices sent out to parents are the most often used methods. Time-outs are 1 minute for every year of age of the child. However, each teacher may use methods of discipline if they are approved in the office by the administrator. At no time is a teacher ever allowed to spank, slap, or take away food. No child shall be humiliated or subjected to verbal abuse. Discipline shall not be imposed on a child for failure to eat, sleep, or for toilet accidents. Techniques of discipline shall not unnecessarily shame or frighten a child.**

**When children are sent to the daycare office for discipline, it will be for a repeated problem and the teacher is asking for some additional assistance in accomplishing a solution. The administrator or assistant will usually ask for a parent conference to discuss the situation.**

**If we have a child in the daycare who will not respond to any of the above discipline and a parent conference has been requested and still a reasonable solution has not been worked out, we reserve the right to suspend a child from the daycare for a specified amount of days. If suspension occurs, parents are still responsible for payment for those days.**

**All children are enrolled on a probationary status. And we reserve the right to disenroll a child after repeated efforts to discipline the child have failed and all efforts involving the parents have been exhausted.**

## **GUIDANCE POLICY**

**All of the staff at New Beginnings believe that helping every child to learn self-control is very important. Our hope is that each child will learn self discipline through careful guidance. Your child will be treated with love and respect. If children are treated with respect, they in turn learn to respect the teachers and their friends. Our expectations will be kept within the child's capabilities and the child will be made aware of these expectations. Positive reinforcement (commenting on children doing the "right" thing) and positive redirection (removing the child and giving them an appropriate activity) will be used. A child may be asked to sit for a short period of time to give the child a chance to regain control if they are having a difficult time. Time outs will be age appropriate in length and done within the classroom. Staff will not impose punishments for failure to eat, sleep or toileting accidents. This discipline policy applies to all staff and parents while they are at the center.**

**If a situation arises where a child is consistently endangering himself, peers or staff, it may become necessary to disenroll the child. Every attempt will be made to work together with the parents and the child to correct the behavior. However, the safety of children is always our primary concern. The administrator would be in communication with the parents prior to this occurring.**

**If the child demonstrates behavior that requires frequent "extra attention" from the staff member, we may choose to develop and implement a behavior management plan. This plan would be developed in consultation with the parents and would be consistent with the requirements of the Department of Human Services.**

## **TRANSPORTATION OF CHILDREN**

**The center will not transport children in emergency situations. If a child requires transportation, the parent or the emergency squad will be contacted.**

## **FIELD TRIPS**

**New Beginnings Christian Daycare does NOT take field trips for any age group. (Pre-school – Schoolagers)**

## **SUPERVISION OF SCHOOLAGE CHILDREN**

**School age children may run errands inside the building or use the restroom alone or in groups of no more than six children without adult supervision as long as the following conditions are met:**

**\*Children are within hearing distance of their teacher.**

**\*The teacher checks on the children regularly until they return and**

**\*The restroom is for the exclusive use of the center.**

**One group of no more than six school children, fourth grade age or older, may engage in activities which pose no physical risk to their safety in a room without a child care staff member, as long as the teacher can see or hear the children at all times and checks on the children periodically.**



**FINANCIAL POLICY AGREEMENT**

**I HAVE READ THE NEW BEGINNINGS CHRISTIAN DAYCARE POLICIES, UNDERSTAND THEM AND THE SERVICES BEING OFFERED TO ME AND MY CHILD, AND AGREE TO ABIDE BY THEM.**

**I AM ENROLLING \_\_\_\_\_ FOR \_\_\_\_\_ DAYS PER WEEK AND AGREE TO PAY \$ \_\_\_\_\_ PER WEEK.**

**I UNDERSTAND THAT I WILL NOT BE REQUIRED TO PAY TUITION FOR THE TWO WEEKS PER YEAR THAT THE DAYCARE IS CLOSED. THE WEEK OF JULY 4TH AND THE WEEK OF CHRISTMAS.**

**HOWEVER, I WILL BE REQUIRED TO PAY THE REGULAR CHARGES FOR ANY WEEK WHICH CONTAINS A HOLIDAY. ALSO, IF ANY VACATION TIME IS TAKEN OTHER THAN THE ABOVE MENTIONED TWO WEEKS, I AM REQUIRED TO PAY THE FULL CHARGES FOR DAYCARE.**

**SCHOOL AGE CHILDREN ONLY:**

**I AM ENROLLING \_\_\_\_\_ IN THE AM/PM LATCHKEY PROGRAM AND I AGREE TO PAY \$ \_\_\_\_\_ PER WEEK.**

**I UNDERSTAND THAT HAVING TWO WEEKS OF UNPAID TUITION FEES IS GROUNDS FOR MY CHILD'S DISMISSAL FROM THE CENTER.**

**STARTING DATE: \_\_\_\_\_**

**SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_**

**SIGNATURE OF ADMINISTRATOR: \_\_\_\_\_**

**NEW BEGINNINGS CHRISTIAN SCHOOL  
AUTHORIZATION PICK UP FORM**

**Please list three people (other than yourself), their names, and telephone numbers that are allowed to sign your child out from school during the school day.**

**1. Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**2. Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**3. Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Name of child** \_\_\_\_\_

\_\_\_\_\_

**Signature of parent/guardian**

**CONFIDENTIAL FAMILY HISTORY**

Date: \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SEX: MALE \_\_\_ FEMALE \_\_\_ AGE \_\_\_ YEARS \_\_\_ MONTHS \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
Street City Zip

MOTHER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

EDUCATION (yrs. attended) ELEM. \_\_\_ HIGH SCHOOL \_\_\_ COLLEGE \_\_\_

FATHER'S NAME \_\_\_\_\_ AGE \_\_\_ BIRTHPLACE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

EDUCATION (Yrs. attended) ELEM. \_\_\_ HIGH SCHOOL \_\_\_ COLLEGE \_\_\_

DO BOTH PARENTS NOW LIVE WITH CHILD? YES \_\_\_ NO \_\_\_  
IF NO, ARE BOTH PARENTS PERMITTED TO PICK CHILD UP? \_\_\_  
IF NO, PLEASE EXPLAIN ON BACK OF FORM

LIST NAMES AND BIRTHDATES OF OTHER CHILDREN IN FAMILY:

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

NEAREST RELATIVE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

IS CHILD ADOPTED? \_\_\_\_\_ HAS CHILD BEEN TOLD? \_\_\_\_\_

NAME OF CHURCH \_\_\_\_\_

Ohio Department of Job and Family Services  
**CHILD ENROLLMENT AND HEALTH INFORMATION  
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

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 Center
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?			
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?			
<b>Emergency Contacts:</b> Parents <u>cannot be listed</u> 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 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	

**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 type A 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 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.



Ohio Department of Job and Family Services  
**CHILD MEDICAL STATEMENT**  
 For Child Care Centers and Type A Family Child Care Homes

Child's Name ( <i>print or type</i> )	Date of Birth
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This is to certify all of the following:

- I have examined this child and found that he or she is in suitable condition for participation in group care.
- The child has had the age appropriate immunizations recommended by the Ohio Department of Health.
- My office has entered the child's immunizations record below or attached a printed record of the immunizations or found that this child should be exempt from immunizations for the following reasons: \_\_\_\_\_

List any limitations or health conditions for this child (including allergies, daily medication, dietary restrictions) \_\_\_\_\_

<b>Recommended Immunizations</b> ( <i>enter month, day, and year</i> )					
Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTaP)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Rubella (MMR)					
Inactivated Polio					
Varicella (chicken pox)					
Influenza					
Pneumococcal Conjugate (PCV)					
Rotavirus					
Hepatitis A					
Other					

The immunizations above are recommended by the Centers for Disease Control and Prevention and the Ohio Department of Health.

**Recommended Assessments/Screenings:**

Vision:  Yes  No Date: \_\_\_\_\_      Hearing:  Yes  No Date: \_\_\_\_\_  
 Dental:  Yes  No Date: \_\_\_\_\_      Lead:  Yes  No Date: \_\_\_\_\_  
 BMI:  Yes  No Date: \_\_\_\_\_      Other: \_\_\_\_\_

Signature of examining Physician/Physician's Assistant/Advanced Practice Nurse	Date of Examination
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**Ohio Administrative Code rules 5101:2-12-37 and 5101:2-13-37 require that this examination be given no more than twelve months prior to the date of admission to the child care center or type A home.**

Name of Physician /Physician's Assistant/Advanced Practice Nurse	Telephone Number
Street Address	
City, State and Zip Code	

This is a sample form used to meet the requirements of rules 5101:2-12-37 and 5101:2-13-37 of the Administrative Code.

## PARENTAL STATEMENT OF COOPERATION

I have read the policies of New Beginnings Christian Daycare, I understand them, and will abide by them.

I will pay all financial obligations on the designated day. I realize tuition is due regardless of absenteeism or holidays. I understand that failure to pay all fees and tuition in a timely manner is grounds for disenrollment. It is my understanding that the policy for the school is to make no refunds on enrollment or entrance fees.

I give New Beginnings Christian Daycare permission to discipline my child using the discipline procedures as outlined in the discipline policy. And I will support or "back up" the school and teachers to my child. And, I will endeavor to work with the school in full cooperation in all areas regarding my child.

I further agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school\daycare or any agent thereof because of any injury or alleged injury to my child.

I understand that this statement of cooperation will be in effect for as long as my child attends New Beginnings Christian Daycare and will be kept on file on the premises.

I understand that failure to comply with the policies of New Beginnings Christian School is grounds for disenrollment of my child.

Parent's signatures (both must sign unless only one has guardianship)

Father: \_\_\_\_\_ Date: \_\_\_\_\_

Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian (if other than parent):  
\_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* New Beginnings reserves the right to refuse enrollment to any child whose parents or guardian, in the opinion of the administration, indicate the potential for uncooperation.



**New Beginnings Christian Daycare Center  
492 Williams Road  
Columbus, Ohio 43207**

**Parents after reading the handbook please sign and return this page to the Administrator. This is due before the child attends the center. Please feel free to ask questions about any of the policies in the handbook**

**I acknowledge that I have received a copy of the parent handbook for New Beginnings Christian Daycare Center. I agree to follow all policies outlined within.**

\_\_\_\_\_  
**Signature of parent/guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of parent/guardian**

\_\_\_\_\_  
**Date**